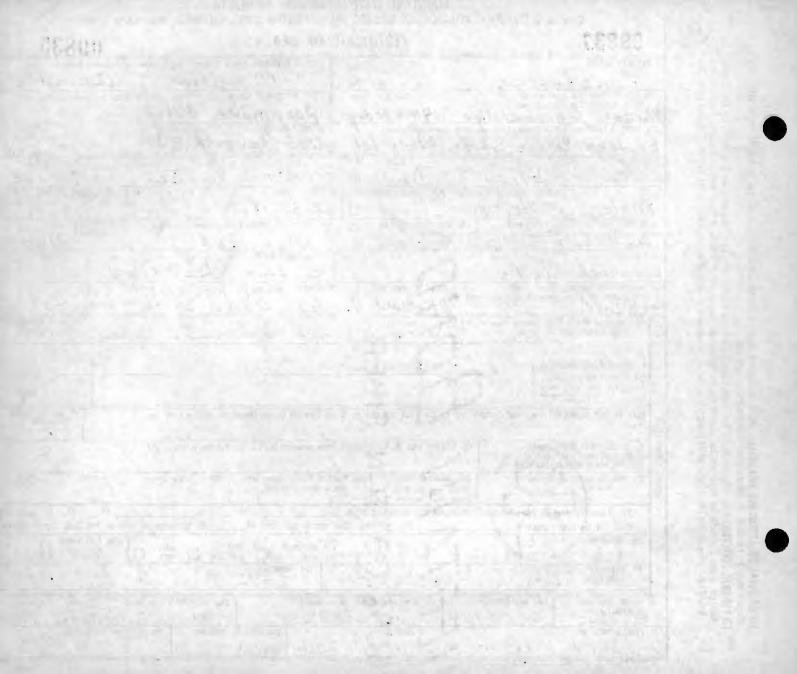
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nin 24 h	filled in papers.	d. NAME OF HOSPITAL OR INSXITUTION (II not in hospital, give street address Eastern Shore State Hosp. 3. NAME OF First Middle	tal 206 Seventh &	O. IS RESIDENCE ON A FARM? YES NO X
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	ficate has been s for use as the b f Health priar tab	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH		YES NO
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	roge 4 may be retained by the haspital of FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	Haur a.m. p.m. 19 While at work at work 21. I certify that (I) (this haspital) attended the decea	foctory, street, affice bldg., etc.) sed fram, 19, ta	, 19, that (I) (we) las
TO HOSPITAL OR ATTENDING	JRECTOR: A Shauld of with the	saw the deceased alive an 19 = 220. SIGNATURE Wiseles & Bally	ATTENDING MED. ST. DIRECTOR D ST. DIRECTOR D PH	Couses and an the date stated above
SPITAL	ERAL DIR ar, page 3 d be filed	22c. PHYSICIAN'S NAME (TYPO) Peter W. Riecke	27th Est Ven	Maked, Al
TO HO	_ 0	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify), 7-10-1966 FIRS 24. FUNERAL DIRECTOR ADDRESS		ECITY WORCESTER MD.
+	VR A15 (4) 20 M 1/60	ROBERT H. WASON HOCOMOKE	city, MD, DATE JUL 12 196	6 peliarles Judge

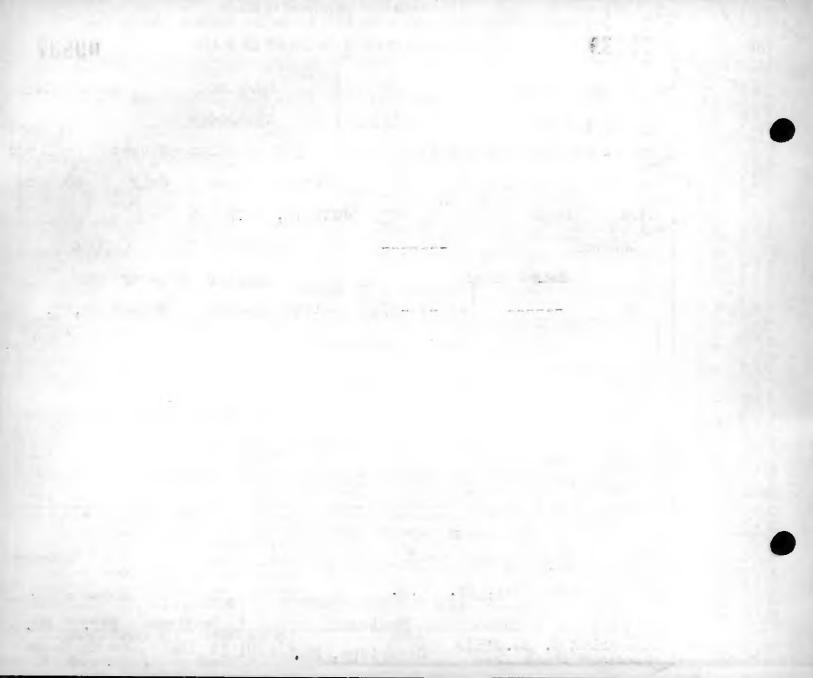


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY by the fine Pages 1 ars after after MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 172 hours hours R = ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ACCRESS within 72 24 ON A FARM? NOT YES completely carbon 3. NAME OF Middle Last 4. DATE Month Day Year remove carbo DECEASED OF DEATH (Type or print) 19 SEX 6. COLOR OR RACE 7. MARRIEO DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED Days WICOWED OIVORCEO | physician n please n = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and INOUSTRY COUNTRY? 2 certificate FATHER'S NAME Then premoval, MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? the attendition of 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) been signed by the the burial-transit or to burial, creman 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN cremat that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician, IMMEDIATE CAUSE (a) **DUE TO** law requires Cenditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT BELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health 119. PERFORMEO? cinoma NO T YES PHYSICIAN: detached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW JURY OCCURRED. (Enter nature of injury of Part I or Part II of Item 18.) be detached State Dept. (MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work While p.m. at work retained should 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive one and that death occurred at 3 P.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR PHYS. M.D. ABORESS O FUNERAL PHYSICIAN'S 22d. director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) EUNERAL DIRECTOR ADDR 25a. KEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mary VR A15 (4) 20M 1/65

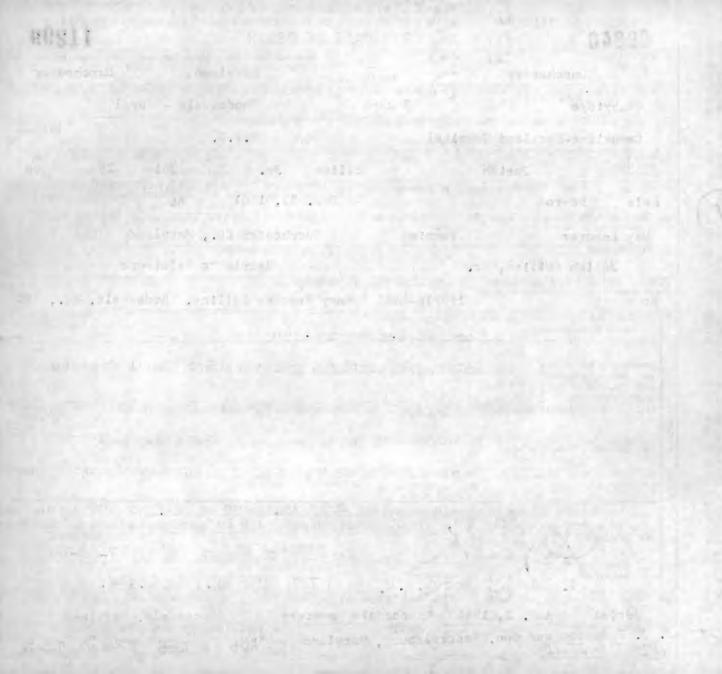
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY p. STATE 5 Dorchester Maryland Dorchester CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge I.f.

d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) Life Cambridge d. STREET ADDRESS IS RESIDENCE ON A FARM? In pencil in Item 18. Give Pages 1, Examiner's Office along with farm Cambridge Maryland Hospital 722 ore Douglas Street YES T NO X 3. NAME OF Middle 4. DATE S Day Year DECEASED OF DEATH the Joseph Chester July 66 within (Type or print) S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED birthday) Months Days Male Negro event WIDOWED DIVORCED CV. 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? INDUSTRY pages 1: in any (Maryland executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Usiah Bryan Easter Chester and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or remayal. (Yes, na prunknawn) (If yes give wor ar doles of service) 217-10-8702 Nelson Chester Cambridge, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a). s a burial-tra cremation, o This certificate should writing the ward DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause used as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While ot.wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry , and in my apinian Natural causes 🕱 death resulted from: Accident | Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 7/21/66 Б DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 170 FUNE John Mace, Jr. M.D. Address (Street, city, town, or county) Cambridge. Md. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Madison Madisən Md 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles VR A15ME (5) DATE JUL 1966 Cambridge. Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland Dorchester Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours 7 days Rhodesdale - Rural in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital R.F.D. YES NO X executed within 3. NAME OF Middle Last DATE Month DECEASED OF DEATH 1966 July Josiah Collins Jr. (Type or print) 5 SFX 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Montas | Days | Hours | Min. 7. MARRIED TO NEVER MARRIED n any Dec. 25, 1901 Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician an please re Dorchester Co., Maryland Day Laborer Farming certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Henrietta Baltimore Josiah Collins, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) ed by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT death Mary Frances Collins, Rhodesdale, Md., RFD 199-18-4462 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiac Decompensation hospital or attending physician. Jins been s. the buria. DUE TO Arteriosclerotic Cardiovascular Renal Disease Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the certificate has the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? NO T YES . 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from July 15, 1966, to July 29, 1966, that (I) (we) last 19 66, and that death occurred at 6 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 7-29-66 M D. PHYS. age 4 may FUNERAL D 22d. ADDRESS PHYSICIAN director, p NAME (Type) Pine St. Camb. Md. Edwin Fassett.M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Aug. 3, 1966 Rhodesdale Cemetery y Rhodesdale, Maryland
25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE and Son, Federalsburg, Maryland VR A15 (4) our Tramplom 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester a. COUNTY o. STATE Maryland Dorchester To death. MARYLAND delay Department b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) after Hurlock - Rural Hurlock - Rural Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Office alang with farm Near Williamsburg Near Williamsburg YES BE NO 24 haurs after death. 3. NAME OF Middle 4 DATE First last Doy Year DECEASED the William Carl Collins 5 19 66 July DEATH (Type or print) within 9. AGE (In years IF UNDER 24 HRS S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED oirthdoy) Months May 31, 1893 Haurs Male White WIDOWED DIVORCED e, writing the ward "pending" is pending in Item 11 farwarded to the Chief Medical Rearbiter's Office CV event and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY Dorchester Co., Maryland any Farming USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within _⊆ Mary Collison William N. Collins pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na or unknown) (If yes give war ar dates of service) permit. remayal. Mrs. Mary R. Collins, Hurlock, Md., RFD INTERVAL BETWEEN ONSET AND DEATH INSTANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Coronary occlusion G IMMEDIATE CAUSE (a). crematian, DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse В SO burial 19. WAS AUTOPS PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, YES NO Pe to shauld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinion the funeral director. death resulted from: Accident Suicide . Homicide . Undetermined monner Natural causes 17. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health ar its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 7/7/66 John ace Address (Street, city, tawn, ar caunty) NAME (T 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURNAL, CREMATION, (County) (State) 50 July 9, 1966 Federalsburg Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hill Crest Cemetery 25a. REC'D BY REGISTRAR J. Frampton and Son, Federalsburg, Maryland Melanley DATE JUL 1986 VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH

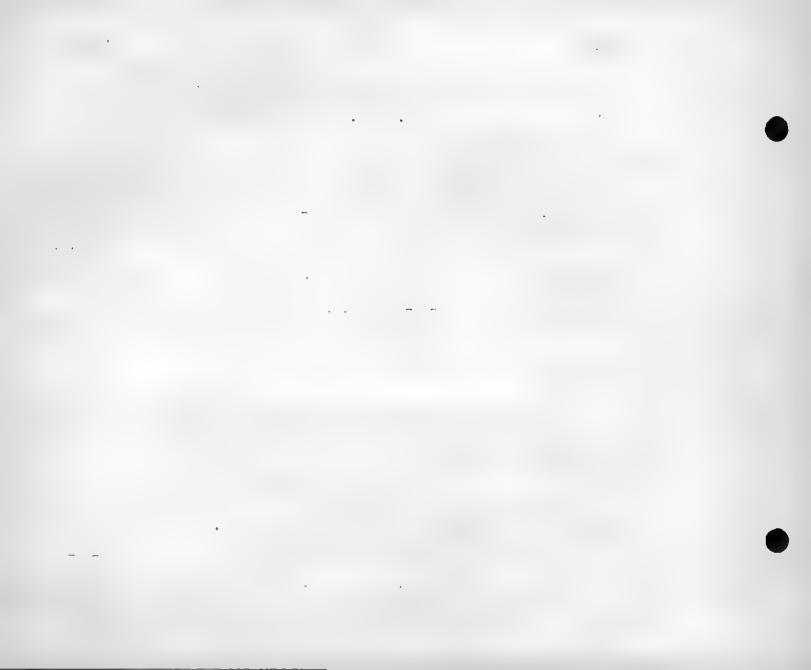
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physicion. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then place, Lamoye carbon papers. Pages 1 and 2	意】	1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased liv	red, if institution: Residence before admission
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ithir family fam	**	3. NAME OF First DECEASED	Middle	Last 4 DATE OF	Month Doy Year
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ng Thi	em	Edward Dyott 35 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	MFORMANT	Address
e death certificate b ottending physicient permit. Then please	- 50	S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service		stern Shore State Ho	spital records
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he officer	70	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN	rekrukmeur
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ly SI hosp chec	<u>ta</u>		20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm, 20f (Cit	y ar town) (Caunty) (Stote)
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by 1	Stat	21. I certify that (1) (this hospital)	atwark Latwark Lateral from	06-08 , 19.66 , to	7-26 , 19.66, that (1) (we) la
END ed A	he	sow the deceased olive on 2. 7.	-261966_, and tha	t death occurred at 2 p. M, fro	om couses and on the date stated abov
ATT ATT	. <u>=</u>	22a. SIGNATURE &	/1.		22b DATE SIGNED
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AL o		22c. PHYSICIAN'S NAME (Type) Folding Doz	in the hard	22d. ADDRESS	ambridge, Maryland
SPIT 4 m IERA or,	d b		ninguez, M.D.		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trans	hou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 7/29/10	230 NAME OF CEMETERY OR Spring Hill		ON (City or Town) (County) (State)
5 g 5 g	~	24 FUNERAL DIRECTOR	166 Spring Hill ADDRESS	250, REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE
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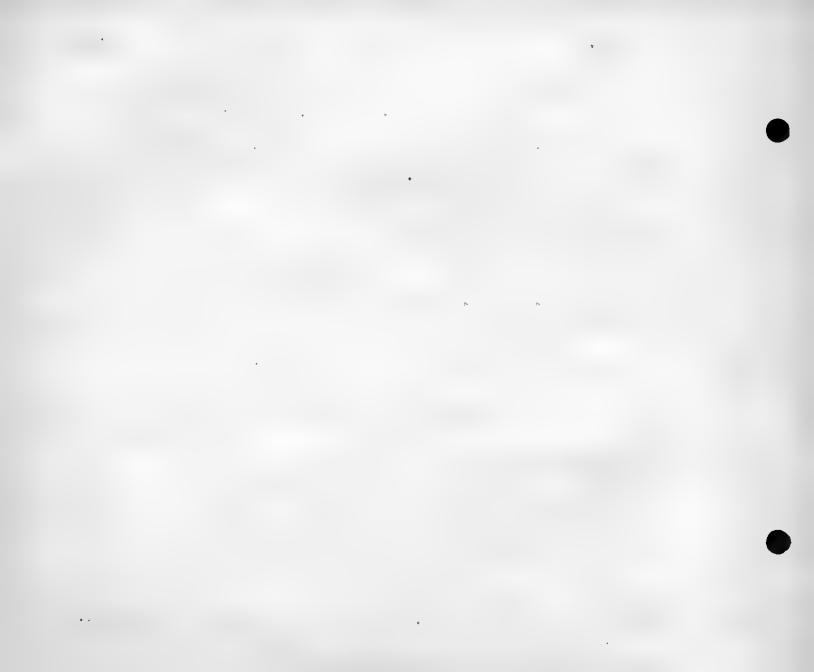
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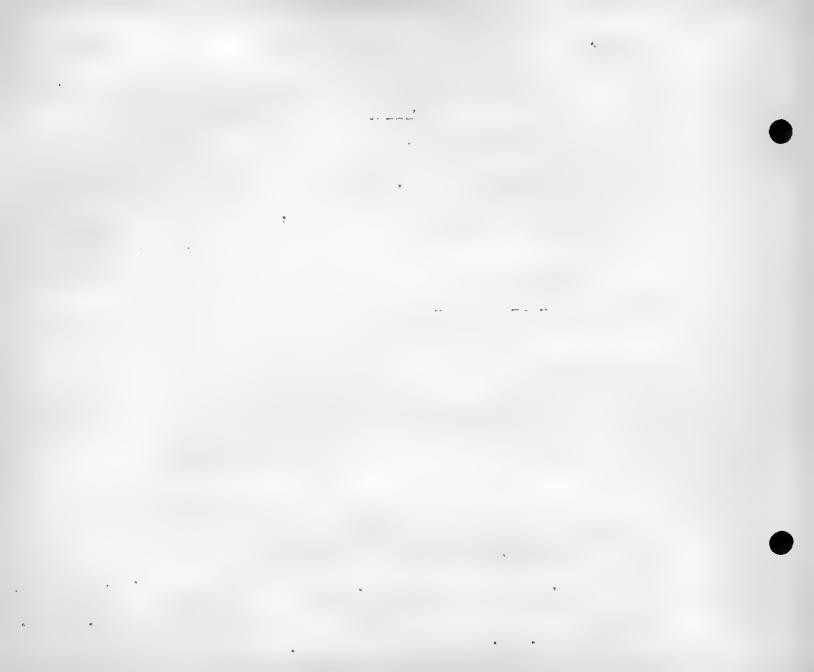
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth Poge 4 moy be retoined by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove carbon popers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in ony event, within 72 hours often death	rise to immediate cause (a), storing the underlying cause lost.	de bility lyear
CIAN: The I that or other interest has for use os fer it Health princest	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELESTORY 200 ACCIDENT WAS UNDERLYING [] 200 OR CONTRIBUTING [] (Enter OR CONTRIBUTING [] (Enter OR CONTRIBUTING [] (ENTER NOTICE MEDICAL EXAMINED)	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PRINTED NO PRINTED NO NO PRINTED NO PRINT
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TAL OR ATTE noy be retoined AL DIRECTOR page 3 should be filed with th	220. SIGNATURE COCO F BOULDO M.D. A	ATTENDING MED. STAFF O7-13-66 22d. ADDRESS E.S.S.Hospital, Cambridge, Maryland
TO HOSPI Poge 4 n TO FUNER (I) 5 ct West director,	230 POIRIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION 15/19/66 VILLSVILLE 24-HUNGRAL DIRECTOR ADDRESS Thankling Mills Mil	
20 M 1/66	Thanking sulf. Hausburg 81)	109. DATE JUL 15 1906 Je marker July



11-1		'LAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BA	
(4)	09844	CERTIFICATE OF DEATH	09841
funeral funeral s 1 and 2	1 PLACE OF DEATH 0. COUNTY DORCHESTER	2. USUAL RESIDENCE (Where do a. STATE MD.	b. COUNTY SOMERSET
ate be executed within 24 haurs after ician and campletely filled in by the fur lease remove carbon papers. Pages I and in any event, within 72 haurs after	write RURAL and give nearest town) RURAL CAMBRIDGE	12 YR. MARION STATIO	
Med in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street EASTERN SHORE STATE HOSPITAL	RFD Box 63	o IS RESIDENCE ON A FARM? YES X NO
d withi letely fi carbon nt, with	(Type or pont)		ATH JULY 1 19 66
execute d camp mave (MALE WHITE WIDOWED	NEVER MARRIED 8. DATE OF BIRTH DIVORCED 3/27/94	9. AGE (In years lost pirthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
ertificate be physician an phase re ovel, and in		ortation VIRGINIA	or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.
h certific	13. FATHER'S NAME NAT DENNIS	14 MOTHER'S MAIDEN NAME Serah Ward	
he death ce attending permit, the	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 166-07		Address
of the of the of north pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART t DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ond(c)) Uremia	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, or smooth, and in any event, within 72 haurs after death.	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	te Carcinoma with m	
Page 4 may be retained by the haspital or attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	_	YES NO
PHYSICIAN: e haspital or his certificate stached far u Dept. af Heal	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Port I of	<u> </u>
NG PHY If the his er this er this e detack	≥ p.m. 19 of work □	lot While foctary, street, office bldg., etc.)	Of. (City or town) (County) (Stote)
TENDII med by DR: Afri	21. I certify that (I) (this haspital) attended the saw the deceased alive an7/1	the deceased fram $11/20$, 19 64 19.66 , and that death accurred at 2^{16}	PM, fram causes and an the date stated above.
OR ATTENDING be retained by th DIRECTOR: After the 3 shauld be ded with the State		MD. ATTENDING MED. DIRECTO	or D STAFF 226. DATE SIGNED 7/1/66
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil		ROSO E.S.S. HOSPITA	AL, CAMBRIDGE, MD.
TO HOOF	Burta (Specify) July 3 1966 St.	. Paul's Cemetery M	COCATION (City or Town) (County) (Stote) arion Station, Md.
VR A15 (4) 20 M 1/66	24. EUNERAL DIRECTOR Bradshaw & Sons	ADDRESS Law Crisfiel DATE JUL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

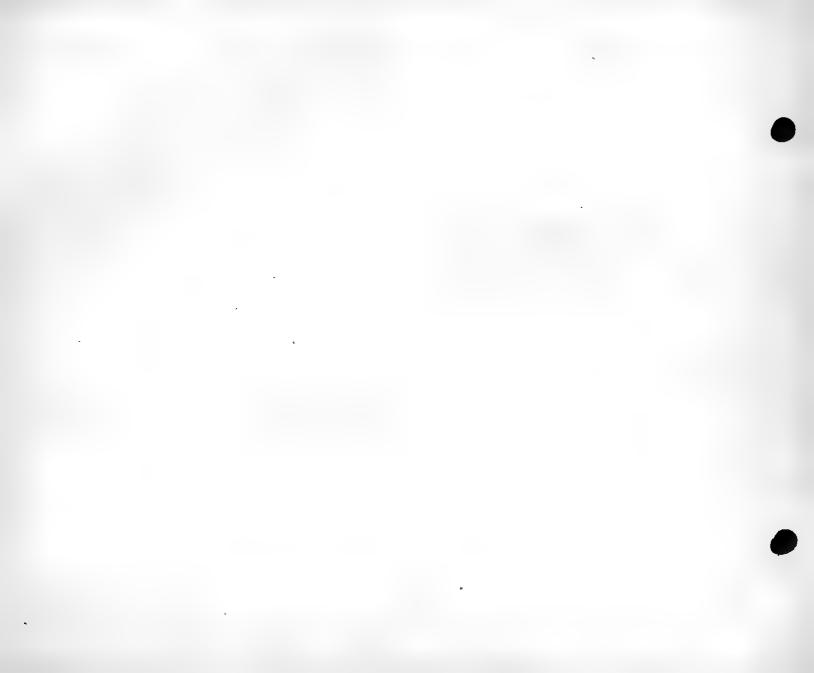


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09942 09845 deoth. requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon popers. Poges 1 and in any event, within 72 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Dorchester Maryland MARYLAND Dorchester b CTY OR TOWN (If autside carparate l'mits, c CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) E LENGTH OF STAY IN 16 Life write RURAL and give nearest town)
Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Cambridge Marykand Hospital NO DO Maces Lane YES 3 NAME OF 4. DATE Month Doy Year DECEASED July Martha 9 19 66 (Type or print) ElliottDEATH 9. AGE (In years last birthdoy) IF JNDER 24 HRS. S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED Months Female Negro WIDOWED DIVORCED June 9. 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Dorchester Co., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the ottending phy burial-transit permit. Then burial, cremotion, or removal William Hester Barklev Jackson the ottending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, go, ar unknown) [(If yes give wor or dates of service 218-24-5792 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Vagaular Accident IMMEDIATE CAUSE (6) be retained by the hospital ar ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. 19 WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO Ariariage Tailer Tearing O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m factory, street, office bldg., etc.) Not While ot work ATTENDING ot work 21. I certify that (I) (this hospital) attended the deceased from ______, 19____, ta______, 19_____, that (I) (we) last saw the deceased alive on ____19 _____, and that death occurred at__ ____M, from couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett. Pine Street Cambridge Md 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. (County) Burial (Specify) 7/12/66 Crapo Md Dor Crapo **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR S. SIGNATURE St. Clair Ocharles 1866 VR A15 (4) Cambridge. Md. DATE 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY o. STATE 2, and 3 to PM3. Page b. COUNTY MARYLAND b_CITY OR TOWN CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) te RURAL ond give negrest town) OONVIELL d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address), d. STREET ADDRESS IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with form hours ote hours ofter death. NAME OF Middle 4 DATE Manth DECEASED (Type or print) DEATH 7 MARRIED NEVER MARRIED IF JAIDER YEAR E UNDER 24 HRS (hday) Manths Hours DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country Exominer's AUD EATHER'S NAME MOTHER'S MAIDEN NAME be executed within ⊆ ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURITY NO INFORMANT Medical (Yes, na, or unknawn) 16 yes give war ar dates of service) removol. 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. occlusion Ы Coronary IMMEDIATE CAUSE (a) Word This certificate should cremotion, DHE TO Canditions, if any, which gove use to immediate cause (a). DUE TO stoting the underlying couse last. buriol, 1 nsed 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX ogent, prior to 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c TIME OF th. JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge at work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry , ond in my opin an Suicide . the funeral director. death resulted fram. Natural couses Accident | Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER **SIGNATURE** 5 DEPUTY MED CAL EXAMINER 3 **EXAMINER'S** John Mace Jr. Heolth Address (Street, city, tawn, or county) = 23d TOCAT ON (City or Town) (County) 0 VICLU ASO. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (SE 1966

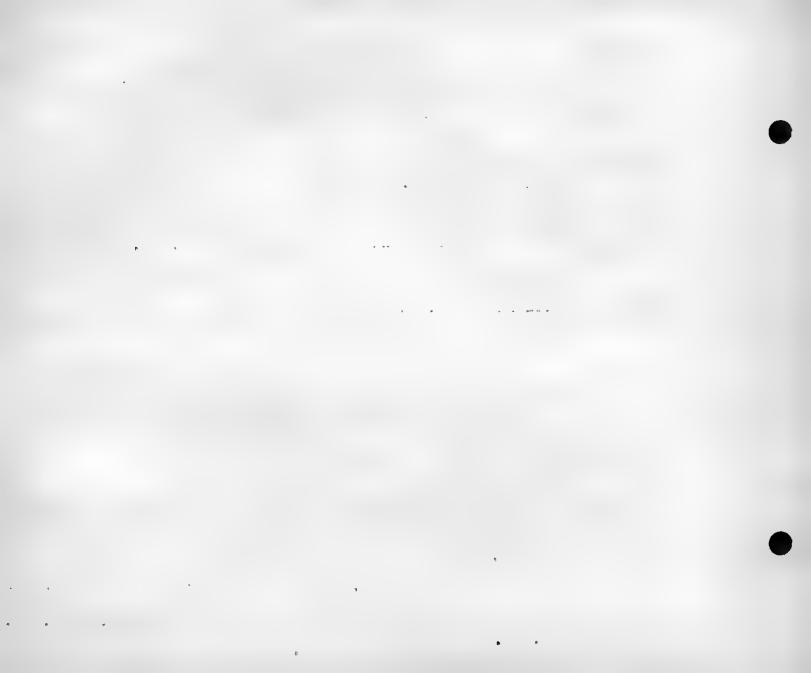
MARYLAND STATE DEPARTMENT OF HEALTH



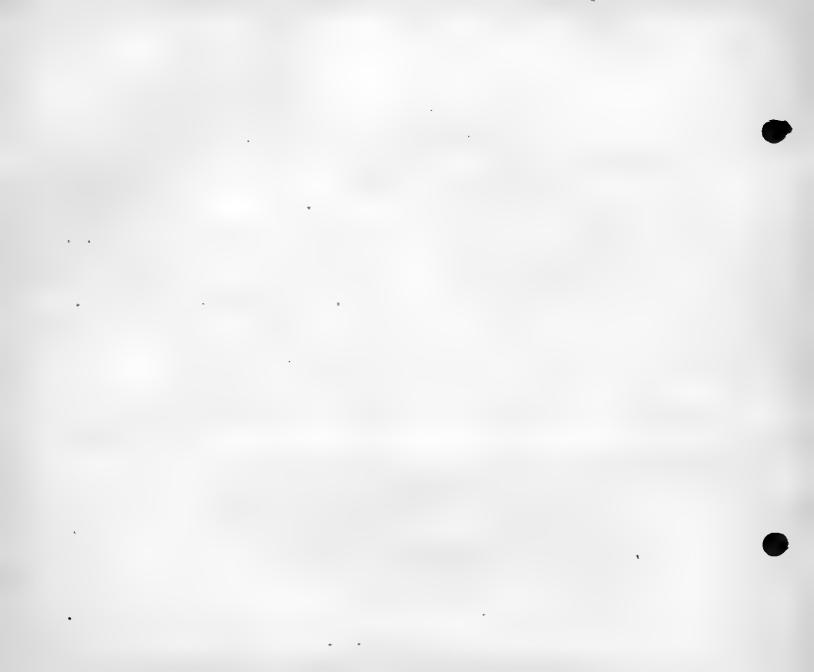
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09847 09544 requires that the death certificate be executed within 24 hours after death. death ond physicion and completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY a STATE Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)

Cambridge Life. Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO X Cambridge Maryland Hospital Hubbard Street 3. NAME OF DECEASED (Type or print) Middle Lost 4. DATE Day Year Lillian Fisher July 66 DEATH 19 S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost o rthdoy) Doys Hours Male Negro WIDOWED DIVORCED May 19. 100 JSUAL OCCUPATION (Give king of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Laborer USA INDUSTRY Dorchester Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Banks: Martha Wilson 16 SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service) 220-01-1767 W11bur Fisher Same 18 CAUSE OF DEATH (Enter only one couse per ine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Revenuesis Condinona IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port |I of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) of work 21. I certify that (I) (this haspital) attended the deceased from 1 19 00, to 0, to 19, that (I) (we) last sow the deceased olive on 19,000, and that death occurred at M, from causes and on the date stated above 22b. DATE SIGNED, 22o. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Cambridge. Md. Edwin Fassett. M.D. 727 Pine Street director, should b 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 7/10/66 East New Market East New Mar. Dor. Md. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE St. Clair moreley Cambridge, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. CDUNTY Pages 1 urs after Dorchester Maryland Dorchester MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b oon papers. Pag within 72 hours Day Linkwood .≡ IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? Cambridge-Maryland Hospital Rura] YES TO NO within etely completely 3. NAME DE Middle Last 4. DATE Month Day Year DECEASED any event, v Bertha Tda (Type or print) Schlee Hammen DEATH 25 19 Tull v 1966 executed AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. CDLOR DR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours and Female White WIDDWED . DIVDRCED _ 7 9 9 9 66 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR 12. CITIZEN DF WHAT 5 11. BIRTHPLACE (County & State, or foreign country) ician lease during most of working life, even if retired) CDUNTRY? death certificate be INDUSTRY and Homemaker Philadelphia ing physi Then pres 13. FATHER'S NAME MOTHER'S MAJOEN NAME remova Charles W.D.Schlee Emma Bertha Hutmacher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address permit. 6 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, ir.Roy M. Hammen Linkwood. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit r for to burial, cremati DNSET AND DEATH PART I. DEATH WAS CAUSED BY: 44 IMMEDIATE CAUSE (a) 260 DUÉ TO Conditions, If any, which gave rise to immediate as the prior to **DUE TD** cause (a), stating the underlying cause last. has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY PERFORMED? certificate ND/ YES [5 2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the detaction of the detact DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. While at work at work D.III. 68 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. / SIGNATURE þ MED. ATTENDING PHYS. STAFF PHYS. page -DIRECTOR M.D. may 22d ADDRESS FUNERAL PHYSICIAN'S 22t. director, p should be NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. EDGATION (City, town or county) DATE THEREOF (State) BURIAL, CREMATION. 23b. 23c. 23a. REMOVAL (Specify) 2 1966 Dorchester Memorial rial Park Co 24 FUNERAL DIRECTOR ACambridge . Md. VR A15 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09843 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, finishitation Residence before admission) o COUNTY 5 death. Dorchester Maryland MARYLAND Dorchester delay Department b CITY DR TOWN (If outside corporate limits, C LENGTH DE STAY IN TO c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cambridge after All life Cambridge d MAME OF HOSP TAL DR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE DN A FARM? 72 hours Race St. Race St. YES NO TO 24 hours ofter deoth 8 Give Pog Office olong with 3 NAME OF First Middle 4 DATE Month DECEASED he Sarah Handley within (Type or pnnt) DEATH with S SEX 6 COLOR DR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED X lost birthday) Months Hours ਸ਼ਾ Jan 6, 1920 WIDOWED DIVORCED Item 1 Ċ. event On USEAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Restaurant COUNTRY? Maryland U.S.A dny pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ⊑ Edith Bradley Clarles H. Handley, Sr. ond ധ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address removol (Yes, no. or unknown) (If yes give war at dates of service) permit This certificate should be execu-Unknown Charles Handley No Cambridge. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DEATH WAS CAUSED BY ONSET AND DEATH burnol-frons Arteriosclerotic cardiovascular disease 5 IMMEDIATE CAUSE (o). writing the word cremotion, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 50 buriol, c lost. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH CERTIFICATION YES X NO please execute the certificate, designated agent, prior to pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCURRED (Enter notice of injury in Port I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE DE DEATH 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE DF INJURY (Home, form (City or fown) (County) (Stote) foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page Not While ot work at work 21 I certify that I taak charge of the remains described above, held an Autopsy [X] Inspection | Inquiry and in my opinion funeral director. Natural causes X Accident Suicide 🗍 death resulted from. Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 5 DEPUTY MEDICA, EXAMINER 8-3-66 **EXAMINER'S** Heolth RUDIGER BREITENECKER, M.D. NAME (Type) Address (Street, city, town or county) 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 0 REMOVAL (Specify) dge Maryland
256 REGISTRAR S SIGNATURE Burial Dorchester Memorial Cambridge. 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Le Compte Funeral Service, Cambridge, Maryland Melarley VR A 15ME (5) 8 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09850 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Dorchester MARYLAND Dorchester b CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) c IFNGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge yrs. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cambridge Maryland Hospital YES NO TO 801 Phillips 3 NAME OF DECEASED Lost 4 DATE Dov Year (Type or print) William Henderson July 19 66 DEATH 9 AGE (in years lost birthdoy) S. SEX 6 COLOR OR RACE F UNDER TYEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

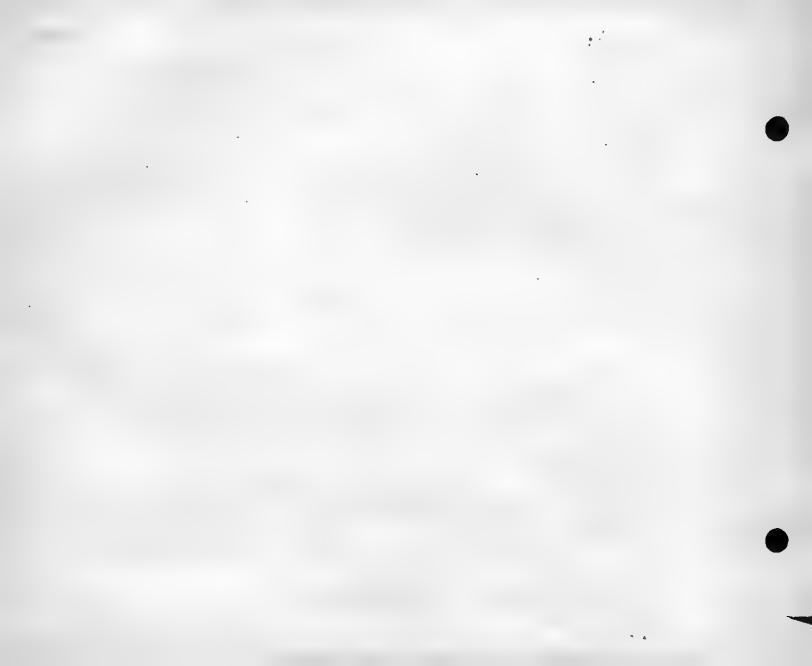
Laborer

13 FATHER'S NAME Months Doys WIDOWED DIVDRCED 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) INDUSTRY COUNTRY? Talbot Co. Md.

14 MOTHER'S MAIDEN NAME USA William Hanson Mary E. Scott 6. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no arunknown) (If yes give war or dates of service) 220-10-6927 Hilda Henderson Same 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-fransit p ONSET AND DEATH Absense Of Tives IMMEDIATE CAUSE (o). DHF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES 🗔 NO [for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased fram Use 2, 19 2, ta 2, 19 7 that (I) (we) last saw the deceased alive ap J. 2 and that death accurred at ______M, fram causes and an the date stated above. saw the deceased alive and 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett, M.D. 727 Pine Street: Cambridge. directar, shauld be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURTAL CREMATION (County) Arbutus Arbutus Balti. 7/9/66 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) DATE JUL Cambridge, Md. 20 M 1/66



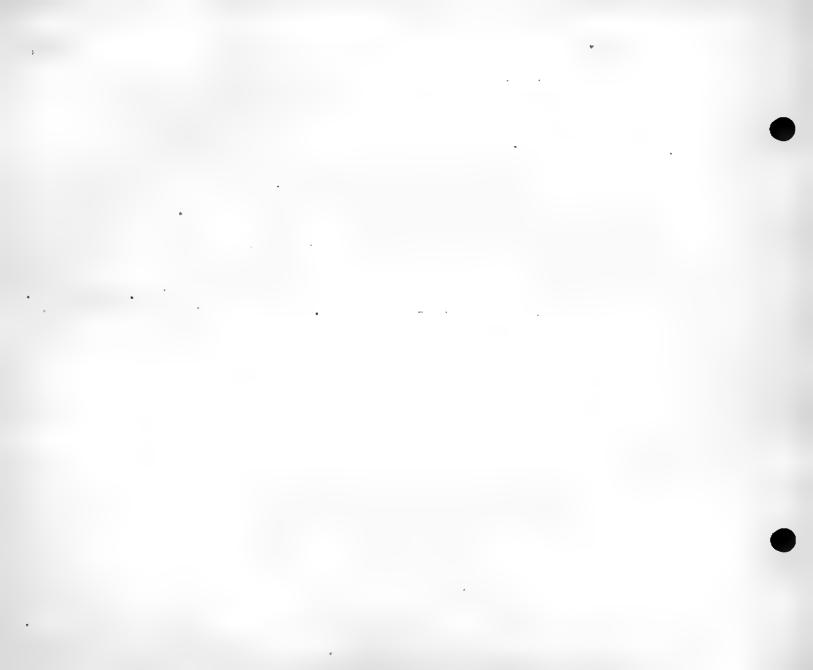
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filled with the State Dept. of Health prior to	saw the deceased alive an 19 , and that death occurred at M, from causes and an the date stated above 22a. SIGNATURE MD. ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR PHYS. 144.
TO HOSPITAL Page 4 moy O FUNERAL director, po	NAME (TYPE) FELIPE M. DOMING VEZ E. 2.5 H - 23g_ BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR, CREMATORY CHONNAID (County) (State) PREMOVAL (Specify) 8-3-66 Prem Heres falsology mid
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR ABDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LANGED STATE AUG 3 1966 FUNERAL STATE S



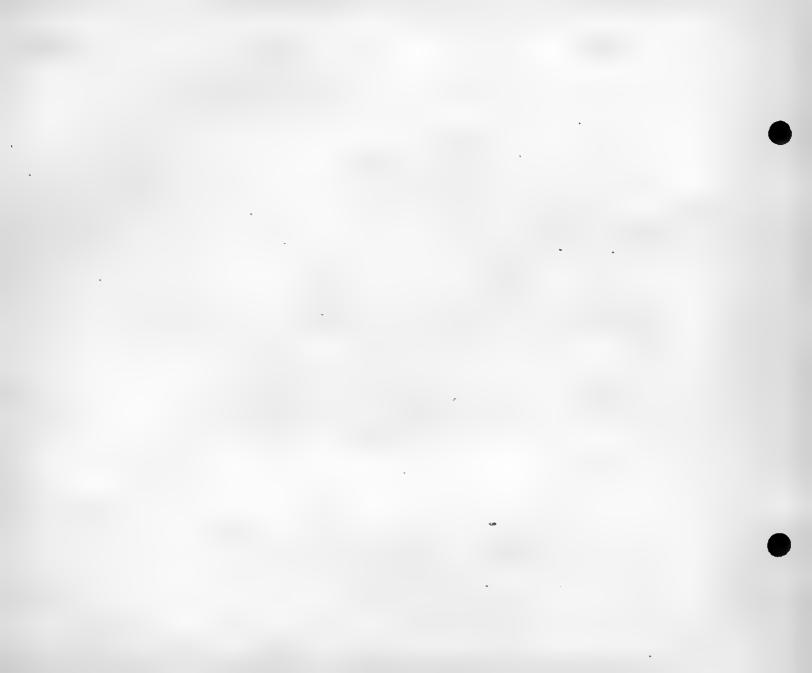
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY Dorchester b COUNTY Dorchester Maryland 5 deoth MARY, AND Department b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Hurlock Rural - Hurlock Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? hours Box 27 Box 27 RFD # 1 RFD # NO T pencil in Item 18 Give Pages ote 24 haurs after death NAME OF Middle DATE First Lost Month Dov Year DECEASED OF DEATH July 19 66 Roland Holliday 11 Charles (Type or pnnt) S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years F LINDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED Hours About 1902 Male Negro WIDOWED. X even 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life even if retired)

Day Laborer COUNTRY? IND USTRY any Hurlock, Maryland
14 MOTHER'S MAIDEN NAME Farm w thin ? 13. FATHER'S NAME 9 Amanda Jackson pup Joseph Holliday 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT be executed 1315d N. Wanamaker St. (Yes, no or unknown) ((If yes a ve wor or dotes of service) remaval Mrs. Gladys Jackson Philadelphia, Pa. 178-18-0406 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY ON THAT PLANT Coronary occlusion o. MMEDIATE CAUSE (o) ___ This certificate shauld e, writing the ward farwarded to the Cl burial, cremation, DHE TO Conditions, if only, which gove nse to immediate couse (a), DUE TO stoting the underlying couse 8 9 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(o) CAL CERT FICATION the certificate. YES NO T 5 may be retained to the TO FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, prior ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (State) Hour om factory street, office bldg, etc.) Not While of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection K. Inquiry . and in my apinion funeral directar. death resulted from: Natural causes X Accident Suicide 🔲 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 8/18/66 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** John Mace Jr. M.D NAME (Type Cambridge. "d. Address (Street, city, town, or county) the 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (Stote) BUTIAI 7/14/66 Petersburg Cemetery Hurlock. Dorchester REG STRARS SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb Minter Judge VR ATSME (5) 1966 Framptom Funeral Home Federalsburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09853 CERTIFICATE OF DEATH 0.9545letely filled in by the funeral arban papers. Pages 1 and 2 fit, within 72 haurs after death law requires that the death certificate be =xecuted within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY (If outside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 e IS RESIDENCE ON A FARM? OR USTITUTION At not in hospital, give street address) YES [NAME OF 4. DATE Month Doy DECEASED (Type or print) DEATH S SEX DATE OF BURTH TOO AGE (In years UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED Hours DIVORCED WIDOWED (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR edse during most of working life, even of retired) INDUSTRY House un 3. FATHER'S NAME 14. MOTHER'S MAUDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES?
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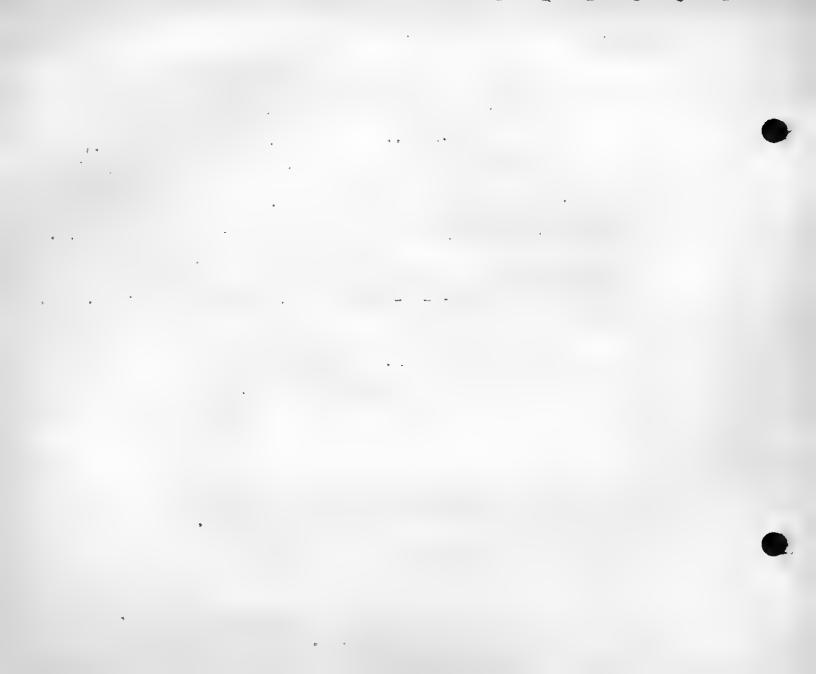
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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car ent,	(Type or print) ELIZABETH N. JACKSON DEATH July 25, 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDE
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en j oval	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
or remova	John Nelson Jane Harker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DED Address
ermit. Then	(Yes, no, or unknwn) (If yes give war or dates of service)
he a	220-44-6602 Mrs. Barl Flannigan, Bast New Market, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
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	21. I certify that (I) (this hospital) attended the deceased from 72, 1957, to 1956, that (I) (we) last saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
TO FUNERAL DIMECTOR: A director, page 3 should should be filed with the 3	22c. PHYSICIAN'S NAME (Type) WALTER GUNBY, M. D. ATTENDING MED. DIRECTOR STAFF PHYS. 7/25/66 22d. ADDRESS Cambridge. Maryland
Page 4 may 5 FUNERAL E director, pag should be fill	23a. BURIAL, CREMATION, 23p. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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	be ex n and ie rem		10a duft	JSUAL OCCUPATION (Give kind of work done no most of working the, even if retired)	KIND OF BUSINESS OR INDUSTRY		COUNTRY? USA
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	ned R: A Uld			saw the deceased alive on July	21, 19.66, and that	t death accurred atM, fram causes and a	n the date stated abave
	AT A			220 SIGNATURE	21	ATTENDING MED. STAFF 226	. DATE SIGNED
	DIRI Per 3			22c PHYSICIAN'S	ey M.C	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	7-21-66
	May RAL po	1		NAME (Type) J. Edwan Fa	ssett, M.D.		ridge, Md.
	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fif	6	230	BUR AL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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2 (AA)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
iv:	09857 CERTIFICATE OF DEATH	09853
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- 5 2·-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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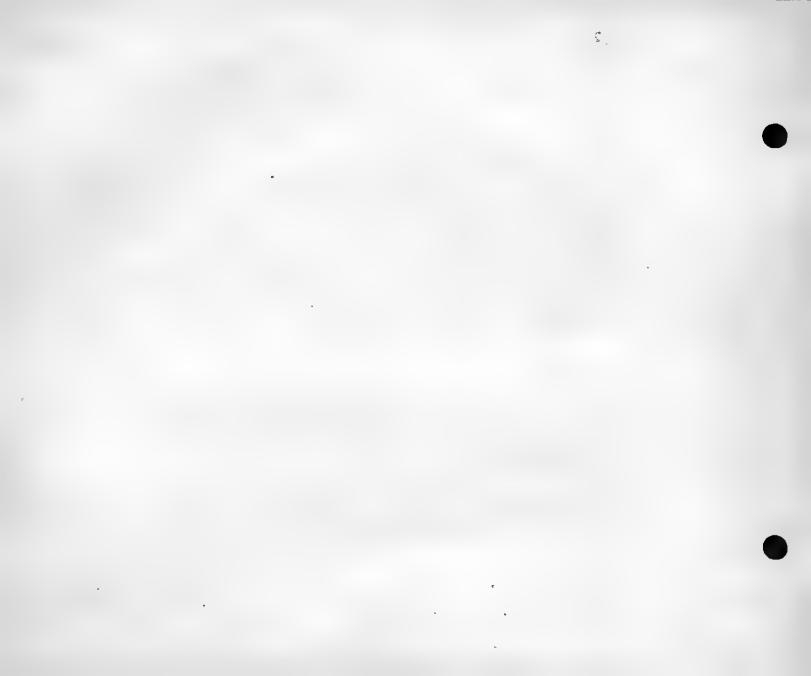
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11311 09858 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Life Cambridge e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Cambridge Maryland Hospital 703 Leonards YES NO X Lane 3 NAME OF Middle 4. DATE First Last Manth Day Year DECEASED OF DEATH William Luther (Type or print) Kiah July 66 IF UNDER 1 IF UNDER 24 HRS S. SEX 9 AGE (In years 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** ast birthday) Manths Days Haurs Male Negro WIDOWED DIVORCED 76 Yrs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) INDUSTRY the attending paydician sit permit. Then please USA Dorchester Co., 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending providence burial-transit permit. Then plantal, ar remayal, Mariah Levin Manokev Jane Kiah 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service Marie Klah Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary occlusion IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar ta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PHYSICIAN: The page 3 shauld be detached far use filed with the State Dept. of Health Bronchial asthma YES X NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) 22b. DATE SIGNED 220 SIGNATURE MED, DIRECTOR XX 22d. ADDRESS 22c_PHYSICIAN'S NAME (Type) director, po shauld be f John Mace. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) BUTIAL BUTIAL 8/6/66 Christ Christ Rock Rock Rock Dor.
25b. REGISTRAR'S SIGNATURE Mal 24 FUNERAL DIRECTOR StClair Funeral Service 2So. REC'D BY REGISTRAR Cambridge, Md. 20 M 1/66



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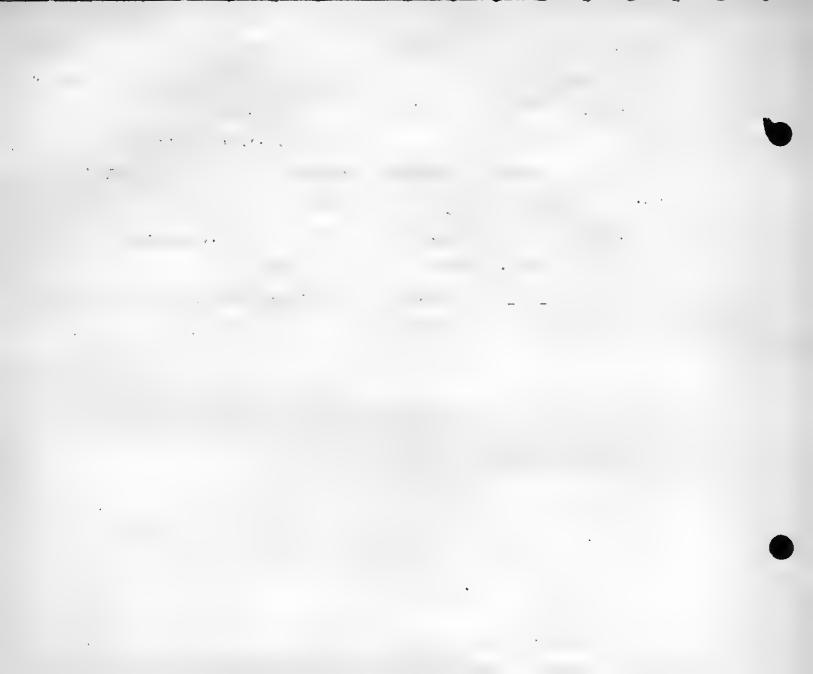
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, I) institution; Residence before admission) a. COUNTY Dorchester b. COUNTY Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 717 Peachblossom Avenue within NO DO etely executed within 3. NAME OF OECEASED Middle Last OATE Month Oay ONEITA LeCOMPTE ANDREWS July event, 66 (Type or print) **OEATH** 19 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO Whi ta last_birthday) Female July 13, 1900 Months Oavs Hours WIOOWEO K OIVORCEO T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

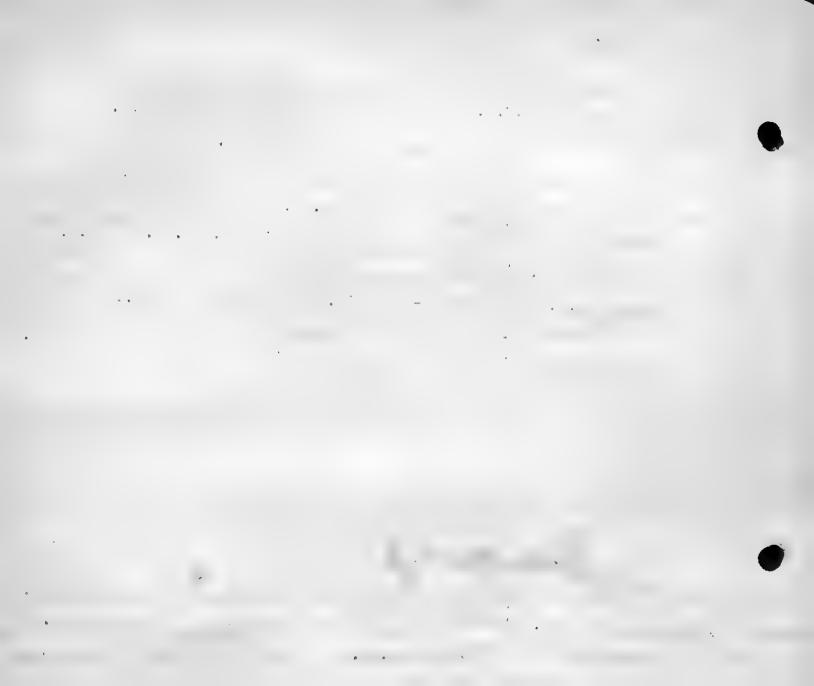
Housewife
Home 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRYZ PHYSICIAN: The law requires that the death certificate be Dorchester Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME James E. Andrews Emma Grav 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Unknown Miss Eileen Andrews, Cambridge, Maryland cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN I BRAL ACCI ONSET AND DEATH_ PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions. If any, which (b) been gave rise to immediate OUE TO cause (a), stating the underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMEO? YES [NO I 6 20a. ACCIDENT WAS UNDERLYING I 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f Jept. of OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work B 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 228 SIGNATURE page ATTENOING M.O. DIRECTOR FUNERAL PHYSICIAN'S TO Fun. should be NAME (Type) BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Greenlawn Cemetery 1966 Cambridge, Maryland Burrial AOORESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
i = (M)	CS861 CERTIFICATE OF DEATH 09856
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
er c le fu le ter d	a. COUNTY DOR CHEFTER MARYLAND B. COUNTY TALL OT
rs after by the fi Pages 1 urs after	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in k	HURLOCK BOZMAN MD
24 hours filled in b aspers. Pe	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in Sy frithing the state of the	3. NAME OF First Middle Last 4. DATE Month Day Year
executed within 24 hours and completely filled in by remove carbon papers. Page any event, within 72 hours	3. NAME OF DECEASED (Type or print) Mary Lemmum Death Jay 9 1966
uted com ve c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years Funder 1 Year Funder 24 Hrs.
emove any ev	/ ENGLE WIDOWED DIVORCED DIVORCED Vyrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, of foreign country) 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
at Carrie	HOUST WIFE 13. FATHER'S NAME
tile Sala	HYSON JONES MINNIE MCDUAY
cer endîi t. T	15. WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((fyes give war or dates of service)
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. They she so to burial, cremation, or removal, and	(125) TO, W WILLOW E. Jednum Gates of service)
he d / the sit p matin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
uires that the ghysician. In signed by the burial-transit of burial, cremat	PART I. DEATH WAS CAUSED BY: Con gestive heart failure
ires the physici signed burial-ti burial-ti	conditions, if any, which) Preumonia 5 days.
require ding p been the bu	gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c)
The law or atten cate has r use as ealth pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NOTHER BUTING NOTHER AND YES NOTHER BUTING NOTHER BUT NOTHER BUTING NOTHER BUTI
E Thail of the all of the all Heal	YES NO VE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
CIA) Sspif certi red t. of	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAM: the hospital this certific detached for e Dept. of He	
by ti	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
HOSPITAL OR ATTENDING PR Page 4 may be retained by th FUNERAL DIRECTOR. After t director, page 3 should be de should be filed with the State	21. Legrify that (I) (this hospital) attended the deceased from May 17 1966, to July 9, 1966, that (I) (we) last
Sho sho	saw the deceased alive on July 9 1966, and that death occurred at 12 AM, from the causes and on the date stated above.
DR De J	ATTENDING MED - STAFF - 7/0///
TAL OR may be AL DIR. page e filed	22c. PHYSICIAN'S 22d. ADDRESS
ospi e 4 iner ctor	22c. PHYSICIAN'S NAME (Type) Carlos F. Barroso, M.D. Hurlock, Medical Center, Hurlock, Mc
TO HOSPITAL OR ATTENDIPLE OF ATTENDIPLE OR ATTENDIPLE OF FRAIL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	1 Hambleton Horrison St michael DATE JUL 12 1956 Blooker Judge
15M 4-64	my my



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	09862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19957	
	1. PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)	100
)	Dorchester b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
ı	write RURAL and give neerest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	East New Market, R.D. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE d. STREET ADDRESS	
Į	Route 16 Rural Rural Tr.16	13
	3. NAME OF First Middle Last 4. DATE Month Day Year	
ŀ	(Type or print) Russell Arthur Marshall DEATE July 31,1966 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS	
l	Windows Manus Min.	
	MO DIVORCED 380 Lo 1701 100. USDAL OCCUPATION (Give kind of work done during most of working life, even if reliered) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign sountry) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stele or foreign sountry) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stele or foreign sountry) 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF W	Y
	Laborer Near Vienna, Dor. Co. U.S.	
١		Ī
	Arthur J. Marshall Katherine Conner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
	(Yes, no, or unkown) (Ifyes give werordeles of service)	
ł	18. CRUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).]	-
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OMOS.	
1	DUE TO	Ī
l	Conditions, if eny, which (b)	
ı	(a), stating the underlying DUE TO	
	eause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS	
ı	PERFORMED? YES NO X	_
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? 20e. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. [Enter neture of Injury in Part II of Item 18.] CAUSE OF DEATH.	1
l	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., etc.)	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
l	CHIEF MEDICAL EXAMINER	
ı	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 8/1/66 DATE SIGNED	
-	EXAMINER'S DEPUTY MEDICAL EXAMINER	
-	NAME (Type) John Nace Jr. Address (Street, city, town, or county) Cambridge, ind. 22c. BURIAL, CRIMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stets)	7
1	REMOVAT (Specify)	
ŀ	Runtal Aug. 2,1966 East New Market Cemetery, East New Market, Md. 22. FUNERAL DIRECTOR ADDRESS 246. REC'D, BY REGISTRAR'S SIGNATURE	
ŀ	Secret & Thomas Cambridge, Md. DATE AUG 3 1966 Marly Judge	
-		ŧ

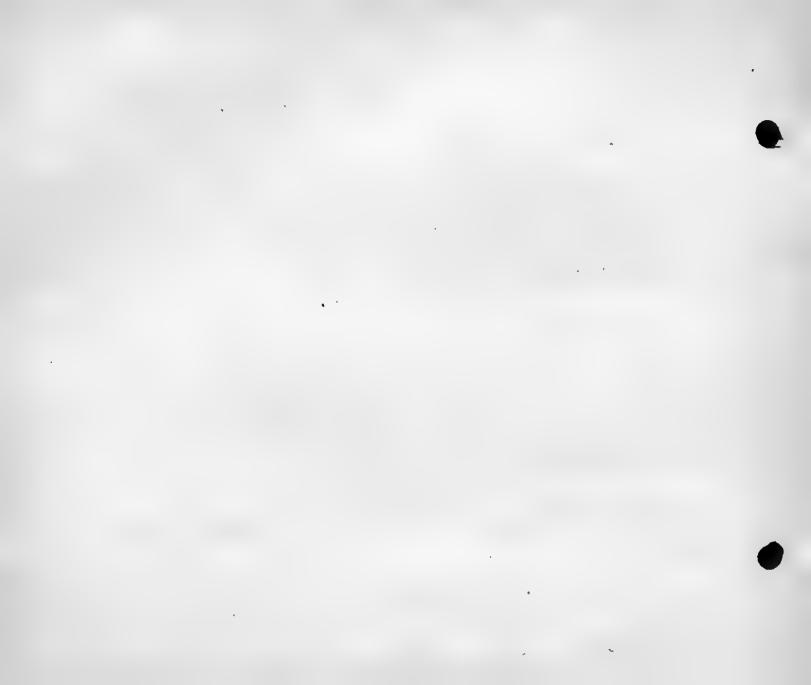




1 ()	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE	C9864 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19859
HEALTH DEPT:	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside	nce before admission)
	a. COUNTY Dorchester Maryland b. COUNTY Dorche	ster
sary lera pen nen ath	b. CITY DR TDWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
o the funeral te 5 may be Department after death.	Hurlock - Rural 20 years Hurlock - Rural	
Dep steer	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
nd 3 to nd 3 to Page State [State [hours a	Near Williamsburg Near Williamsburg	YES ND A
P S E		ay Year
any del 2, and PM3. I h the St n 72 ho	(Type or print) Katie Mae McClain DEATH July 4	₁₉ 66
th. If a form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER1 YE	
Ith. 12 v for will will	Female Negro WIDOWED DIVORCED August 6, 1918 47 yrs.	s Hours Min.
er deal ive Pag with with 1 and 2	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT
ter Give g w	during most of working life, even if retired) INDUSTRY Housework Home South Carolina	A .
along and along al	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Fleming Crosland Linnie Cook	
14 ho litem Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form 18. Ites. 108. Page 3 should be used as a burial-transit permit. File perfect 1 and 2 with signated agent, phior to burial, cremation, or removal, and in any event within signated agent.	(Yes, no, or unknown) (If yes give war or dates of service) 237-18-2602 Geneva Crosland, Hurlock, Maryland	, RFD
with encline inel	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NET AND DEATH
in print	PART I. DEATH WAS CAUSED BY: Coronary occlusion	Instant
uld be executed 1 "pending" in ef Medical Exar a burial-transit cremation, or	4201 DUE TO	
exe dica al-tu	Conditions, if any, which (b)	
"pe "pe Me Me nem	gave rise to immediate cause (a), stating the DUE TO	
ould rief ief	underlying cause last. (c)	
wo wo		9. WAS AUTOPSY PERFORMED?
ficate sho the work of the Chi used as to burial,	T.	YES ND
rtiffe ng t 1 to 1 to be u or til	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
riting riting rded to rded to plior	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.	
ER: This (sate, write) forward 3 should agent, p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
age age	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Rour a.m. While at work at	
AMINE rertific fild be f. Page nated		and in my opinion
the cert should r files. TOTOR: Pa designat	death resulted from: Natural causes XX. Accident, Suicide, Homicide, Undetermined manner	
1 T S T D	CHIEF MEDICAL EXAMINER	
	ACTUAL ACSISTANT MEDICAL EXAMINER	22. DATE SIGNED
M 3 M . A .	SIGNATURE	16166
or ex	EXAMINERS	/6/66
O DEPUTY Melase execution of malth of malth of	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
De direction of a	REMOVAL (Specify) Russial Tully 9 1966 Fact New Market Comptent near F New M	arket Md
La -	To Tolland The Tolland	
VR A15ME	Curificacher 1 Son, Federalsburg, Maryland DATE JUL 1 1 1966 Maryland	es Judge
3500 4-64		



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09863 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution pessenge before agmission) o. COUNTY o STATE b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write/RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) Hurlock d. NAME OF HOSPITAL (If not in hospitot, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES IN NO Belle Haven Nursing Home NAME OF 4. DATE Middle Lost Month Day DECEASED DEATH (Type or print) 1966 George . McDowell IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours 76 white WIDOWED DE DIVORCED | male yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS 13 FATHER'S NAME A. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) hou DUE TO Conditions, if pny, which gove rise to immediate DUE TO couse (a), sloting the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 160 19, WAS AUTOPS PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) Hour o.m. factory, street, office bldg., etc.) While Not while at work of work p. m. July 2 19 66 that (1) (we) last 21 I certify that (1) (this hospital) attended the deceased from June 30 10 66 10 saw the deceased office on July 2 1966, and that death occurred oil 30 from the causes and on the date stated above 220 SIGNATURE 226 DATE SIGNED ATTENDING PHYS 2 MED DIRECTOR M.D. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Hurlock, Medical Center, Hurlock, Md Carlos F. Barroso 230 BUR AL, CREMATION 23d. LOCATION (City, town, or county) NAME OF CEMETERY (Stote) 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A1S (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH

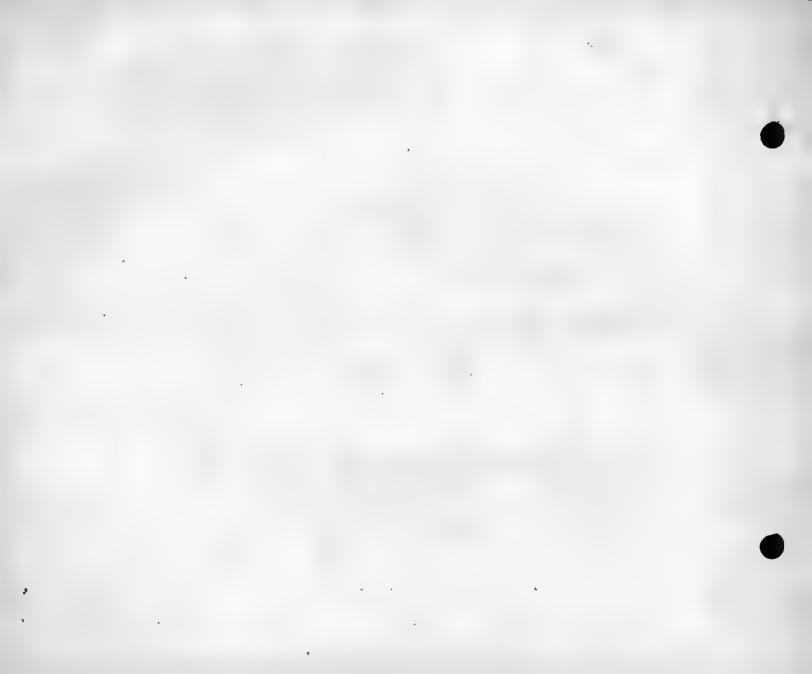


1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVI AND
FOR S	TATE		09867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09562
HEALTH	DEP.T.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Real county Der Claes ter MARYLAND MARYLAND MARYLAND	sidence before admission)
cessary funeral 5 may be	Departmen after death		b. CITY OF TOWN A Courside corporate limits, water RURAL and two nearest town) 1 day d. NAME OF H-SPITAL OR INSTITUTION (if not in hospital, give street address) HILT LOCK	e. IS RESIDENCE
d 3 to	State hours	3	NAME DF First Middle Lest 14. PATE Month	YES NO Day Year
any del 2, and PM3.	the 72		DECEASED (Type or print) Henrie Ha 5. McG/otten DEATH 7	24 19 66
ath. If ages 1, form	2 with		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER Months Months 2 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
rs after de 18. Give Pa along with	es 1 and any event	du		U.S.A.
nours em 18 se ald	.E	ľ	William Waters Emma Conciny	
in Ite s Office	t. File	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (lifyes pive war or dates of service) NO Alma Cain, Hurlock, Md. R.	F D
Mith.	removal	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
in in it	S to		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure	ONSET AND DEATH
should be exectory word "pending Chief Medical	burial-tran cremation,		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	?
should vord Chief	(O)		underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119, WAS AUTOPSY
ificate ; the v	used as to burial	CATIO	FART (I. DIREK SIGNIFICAN I CONDITIONS CONTRIBUTING TODERIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF CHAIN PART 1(a)	PERFORMED?
R: This certif ate, writing forwarded to	ld be prior	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. PRIMARY or CONTRIBUTING GAUSE OF DEATH.	
NER: Th ficate, be forwa	3 sh	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20f. (City or town) (Coursell Laboratory) 20f. (City or town) 20f. (Cit	nty) (State)
cxami ie certi shinuld files.	designated		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes \(\omega \omega_{\omega} \). Accident, Suicide, Homicide, Undetermined manner	and in my opinion
tr. 6 shi	OIRECTOR: r its design		CHIEF MEDICAL EXAMINER	
MED Kecuta Page for yo	or its		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
- ii	E - 1	L	NAME (Type) Address (Street, city, town, or county)	7/25/66
please e director.	5 2 5 %	23	BUTIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries and contribution of the contribution	me.
VR AIS	ME (5) 3M	24	Laretta & Jalley - process Kight Turner DATE AUG 1 1966 Kalan	SIGNATURE

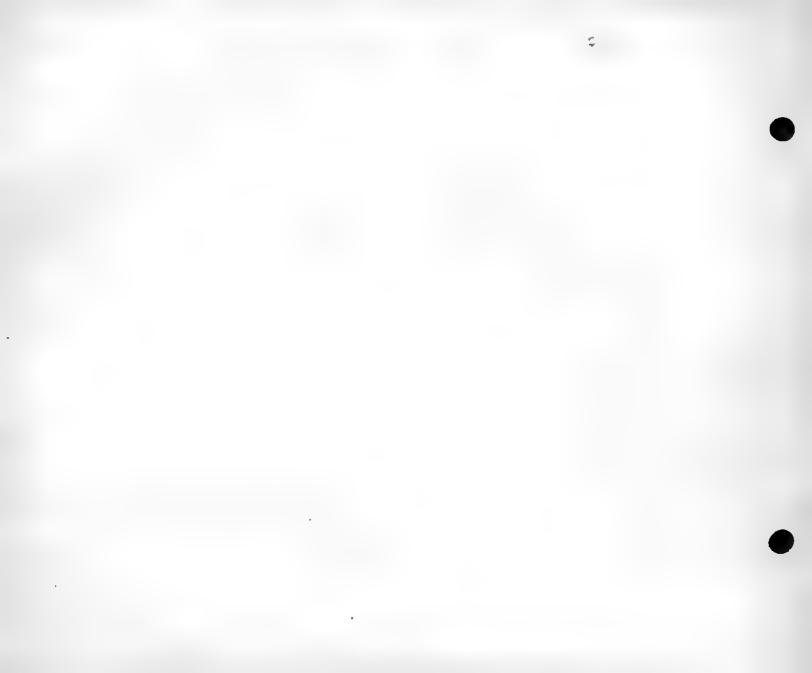


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLAGE OF SEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 nding physicia≡ and completely filled in by Then please remove carbon papers. Pag removal, and in any event, within 72 hours, 6 days Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge-Maryland Wospital. Inc. 403 Skinners Court NO 7 YES executed within 3. NAME DE Middle Last DATE Month First DECEASED OF (Type or print) Ynette No1son DEATH 19 July 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 9. NEVER MARRIED IV last birthday) Months Days Hours Tema le Nerro WIDOWED . DIVORCED July 5, 1916 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) (NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be United States Mone Borchester. fary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Francis Haynes Travers Fula Pearl s been signed by uncerties the buriel-transit permit. 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Court (Yes, no, or unkown) | (If yes give war or dates of service) death Ne1son Mo Mother Cambridge. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. offer this certificate has be detached for use as State Dept, of Health prior CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES ND TY the hospital 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While FUNERAL DIRECTOR: After irector, page 3 should be d ATTENDING be retained by at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from 5 JUAN 1966 and that death occurred at saw the deceased alive M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING PHYS 22d. ADDRESS STAFF PHYS. DIRECTOR M.D. 4 may PHYSICIAIT'S NAME (Type) Edwin Fassett Street Cambridge. Md. BURIAL, CREMATION, REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Dorchester County, Md. Linas Road Cemetery 966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR Cambridge, VR A15 (4) Md. DATE

15M 4-64



. / . 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FUR STATE	09869 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19864)
PM3. Page H17P3H1	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If autsee agreement miles, write RURAL and give nearest town) b. CITY OR TOWN (If oursee agreement miles, write RURAL and give nearest town)
	d NAME OF HOSP TALOR INSTITLT ON (If not a hospital, give street oddress) The property of the street oddress
24 hours after death n Item 18. Give Poge i's Office along with f strand2 with the Stat	DECEASED (1 yee or pnnt) S SEX 6 COLOR OR MACE 7 MARRIED NEVER MARRIED NOTE 1 1 - 08 - 96 C 9 yrs North Doys Months Doys Hours Min
I with n 24 horn n pencul n Iter Exominer's Office process from and in out it o	100 LSLAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15 KNOWN 16 WKNOWN
be executed "pending" i nief Medical ansit permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TERM FM AL DIRECTION ON SET AND DEATH ONSET AND DEATH ONSET AND DEATH
certificate should be e writing the word "per orwarded to the Chief I used a burial-transit burial, cremation, or re	Candit ans, if any, which gove rise to immediate couse (a), stating the underlying cause (b) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY
INER: This certificate, writh shauld be forwar files. 3 should be used a should be used int, prior to burial	PERFORMED? YES NO NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) PUSHED DOWN RV RV AVI. THE PATIENT
L EXAM tecute th Page 4 for your IR: Page	Haur o.m. pm. 19 While Nor While of work of w
o DEPUTY MESTA necessary, please ex the funeral director. 5 may be retained i 0 FUNERAL DIRECTO Health or its designi	ACTUAL SIGNATURE EXAMINER: NAME (Type) ACTUAL SIGNATURE M.D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) T//6/6/
	230 BURIA, GREMATION, BREMOVAL Specify) July 19 1966 23c NAME OF CEMETERY OF CREMATORY Grace P. E. Churchyard Taylors Island, Maryland 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 250 RECID BY REGISTRAR 250. REGISTRARS SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 250 RECID BY REGISTRAR 250 REGISTRARS SIGNATURE LeCompte Funeral Service, Cambridge, Maryland
VR ATSME (5) (5)	LeCompte Funeral Service, Cambridge, Haryland DATE JUL 20 1966 Frances Judge



I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OR STATE	09879 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19865)
PM3. Page HTT strengt of the death	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on the COUNTY of COUNTY) 9. STATE TO COUNTY
State Department of hours after death	Dorchester MARYLAND Florida Unknown
de .	b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
haurs after death	Nr. Williamsburg lweek Unknown
2	d MAME OF HOSPITAL OR (INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	Edger Hubbard Labor Camp Unknown
	3 NAME OF Fist Middle Lost 4 DATE Month Day Year OF DEATH July 9 19 66
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH R TAGE (12 years IF UNDER 1 YEAR IF UNDER 24 HRS
	Legista Megro Mooment Monte Mice Mice Mice Mice Mice Mice Mice Mic
	10a USUAL OCCUPATION (G ve kind af wark dane during mast of working life, even if retired) Microphy 12 CITIZEN OF WHAT COLLEGY? William 12 Dorse Tinknown
	Migrant laborer Farm labor Unknown Unknown
	13. FATHER'S NAME Unknown Unknown
	Unknown (If yes give war or dates af serv.ce) ? Framptom Funeral Home, Federalsburg,
recurr of its designated open, prior to bollot, definition, of femores,	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute alcoholism Several BETWEEN Several BETWEEN
	DUE TO hours
	Conditions, if any, which gave \ (6.3)
	rise to immediate cause (a). Stoting the underlying cause DUE TO
	(c)
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF OF DEATH
	20c TIME OF INJRY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20c TIME OF INJRY Manth, Day, Year While Nat While factory, street, office bldg., etc.)
	Haur a.m. pm. 19 While Nat While factory, street, office bldg., etc.)
	2) I certify that I taak charge of the remains described above, held an Autopsy 🔼, Inspection 🔝, Inquiry 🔲, and in my opinion
	death resulted from. Natural couses 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
	ACTUAL CHIEF MEDICAL EXAMINER 22 DATE SIGNED
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 1
2	EXAMINERS John Mace Jr. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 7/13/66
	230 BURJAL (REMATION, REMOVAL (Specify) Removal 310 DATE THEREOF 230 NAME OF CEMETERY OR (REMATORY 231 LOCATION (City or Town) (County) (Store) Baltimore Maryland
R	24 F-MARRAL-DIRECTOR ADDRESS 1250 RFC D. BY REG STRAR 1 250 RECUSIRAR'S SIGNATURE.
1	J. J. Framptom and Son, Federalsburg, Maryland JUL 22 1966 Thanks Judge

MARYLAND STATE DEPARTMENT OF HEALTH



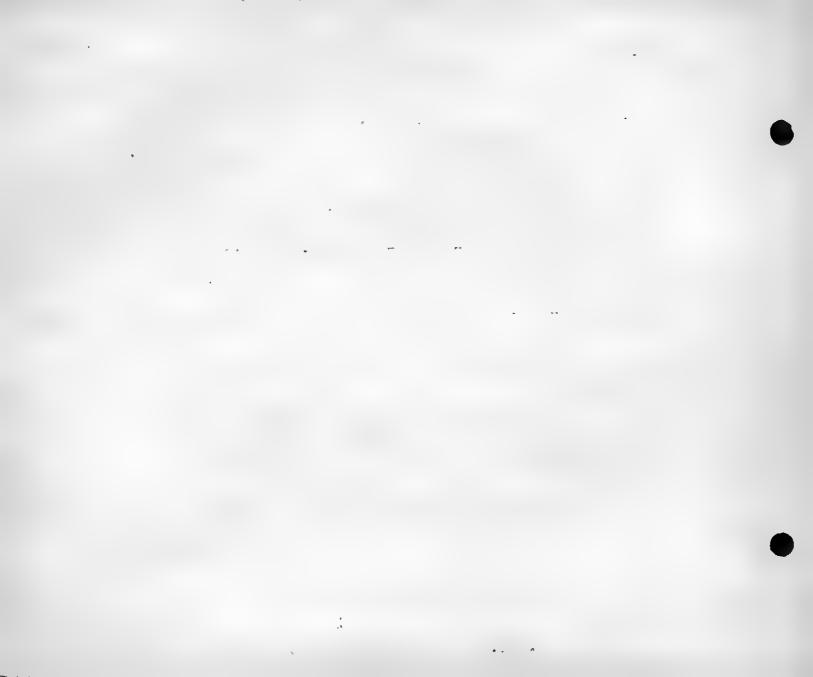
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. Jian and completely filled in by the funeral lease remove corban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY affer Maryland Dorches:
CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest lawn) Dorchester MARYLAND Dorchester b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ease remove corban papers. Pagand in any event, within 72 hours d NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress) Cambridge yrs. d. STREET ADDRESS e IS RESIDENCE ON A FARM? Cambridge Maryland Hospital Edgewood YES 🗔 NO S 3. NAME OF DECEASED 4. DATE Year Palnore (Type or pnnt) Loraine Smilth DEATH 66 July IF UNDER 24 HRS S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED 100. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

13. FATHER'S NAME iost pirthdoy) Months Doys Hours WIDOWED DIVORCED June 15. 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Store, or foreign country) INDHSTRY Wilcox Co. Alabana
14 MOTHER'S MAIDEN NAME USA n signed by the ottending physics e burial-transit permit. These plet Unk Zeola Furtree 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) James Palmore Same 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Cerebral Vascular Accident IMMEDIATE CAUSE (o). DHE TO Conditions, if ony, which gove (b) Arteriosclerotic Cardiovascular Disease rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending as the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use of Cervix c Metastasis: Uremia NO TO 20g ACCIDENT WAS UNDERLYING [17] 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) _ot_work 21. I certify that (I) (this haspital) attended the deceased from March 7, 19 66, to July 21, 19 60 that (I) (we) last saw the deceased alive on July 21, 19 60, and that death accurred at ______M, fram causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED 7-21-66 ATTENDING MED. DIRECTOR X director, poge 3 should be filed v M.D PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 727 Pine Street Cambridge. Md. Ewin Fassett, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION, (County) (Stote) Burial (Specify) 7/25/66 Bethel Cambridge Dor. Md 256. REGISTRAR'S SIGNATURED ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 St.Clair Cambridge, Md DATE JU

MARYLAND STATE DEPARTMENT OF HEALTH



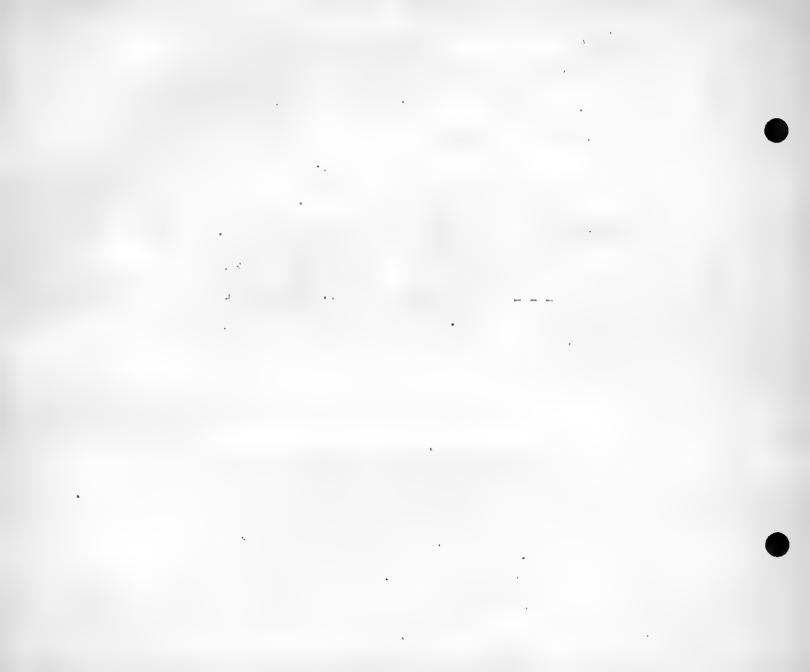
1	MARYLAND STATE DEPARTMENT OF HEALTH
R STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1987 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1988
II DERT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if inclination, Paridance before a division)
Separtment of Seath.	Dorchester Maryland b. COUNTY Dorchester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENGTH OF STAY IN 1b Cambridge
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
100	Cambridge Maryland Hospital 757 Race Street ON A FARM
	3. NAME OF First Middle Last 4. DATE Month Day Year OF (Type or print) HILDA MARIE PARKER DEATH July 1, 19 66
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Feb. 13, 1904 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (Stete or foreign country) Dorchester Co., Maryland 12. CITIZEN OF WHAT COUNTRY USA
7	13. FATHER'S NAME Howard Wroten 14. MOTHER'S MAIDEN NAME Effic Creighton
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Granville G. Parker, Cambridge, Maryland
or to burial, cremation, or removal, and in any event within 72	IMMEDIATE CAUSE (a) Coronary occlusion 15 Filins
	YES NO X 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Part II of Jiem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Steta) While Not While fectory, street, office bldg., alc.)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL A
	DEPUTY MEDICAL EXAMINER 7/2/66 NAME (Type) John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge, Md.
	22a. BURIAL CREMATION, 22b. Date THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) Burial (Specify) July 3, 1966 Dorchester Memorial Park Cambridge, Maryland
X	23. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUL 6 1966 Playles Cudel
1	The state of the s



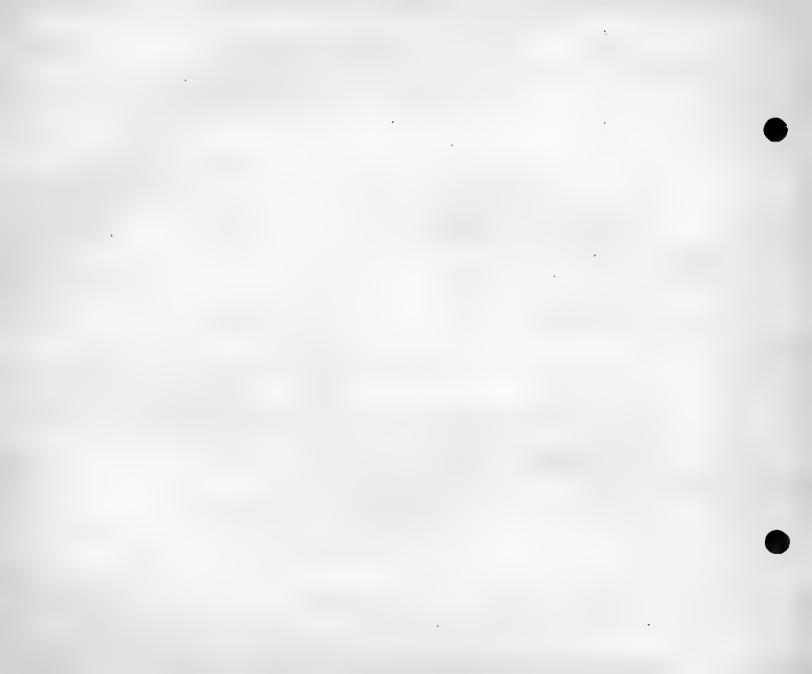
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Dorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b 6 days Church Creek Cambridge E completely filled in ove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Cambridge Maryland Hospital None NAME DE First Middle Last DATE Day DECEASED DF RTDA JONES PHILLIPS 19 66 (Type or print) DEATH July 6 death certificate be executed 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH ACE (In years / IF UNDER 1 YEAR IIF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days Female White Sept. 2, 1883 Hours WIDOWED X DIVORCED [77] 10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired)

Housewile

Home 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) III ysieren lease and ir Dorchester Co., Maryland COUNTRY? 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending manual strmit. Then George Jones Nora Parks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT d by the attemotransit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Thomas Mills, Church Creek, Maryland Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH burial transit A-CCID ERAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) leel gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. as as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) d After Hour a.m. Not While at work 21. I certify that (I) (this hospital)_attended the deceased from DIREMTOR: age 3 should and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE < page ATTENDING STAFF DIRECTOR M.D. PHYS PHYS. TO FULLERAL |
director, pa PHYSICIAN'S 22d-ADDRESS NAME (Type) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) ly 8, 19 (State) BURIAL, CREMATION, 23b. BUTTAL (Specify) Dorchester Memorial Park Cambridge, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICHATURE 4 24. FUNERAL DIRECTOR **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death funeral , Y and dug 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE **b** COUNTY MARYLAND by the Pages, I papers. Page b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b outside carparate limits, write RURAL and give nearest town) write RURAL and give neorest town) abrida .⊑ d NAME OF HOSPITAL OR INSTITUTION give street oddress) d. STREET ADDRESS IS RESIDENCE If not in hospital, event, within 72 ON A FARM? filled i YES ΝO NAME OF First 4. DATE Doy Year carbon Lost OF DEATH DECEASED JU 10 1966 S SEX 6 COLOR OR RACE 7. MARRIED 💢 DATE OF BIRTH AGE (In years **NEVER MARRIED** buthday) Months Dovs Hours and in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPAT ON (Give kind of work done (County & State, or fareign country) **COUNTRY?** during most of wark na life, even (retired) INDUSTRY 13. FATHER'S NAMI 14. MOTHER'S_MAIDEN NAME attending phys 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (if yes give war or dates of service) Ð cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line-for (a), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave rise ta immediate couse (o), DUE TO stoting the underlying cause be detached far use as the State Dept. af Health priar ta has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 205. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Part I at Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) foctory, street, office bldg., etc.) Hour a.m. Nat While After certify that (I) (this hospital) attended the deceased from 1964 to 10 . 19.6 6 that (4) (we) last 19 66 and that death accurred at 11 3 2M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw/the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF ATTENDING -10-66 DIRECTOR director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c Phytsician's (MAME (Type) 23d_BURIAL, CREMATION DATE THEREOF 23c-/NAME OF CEMETERY OR CREMATORY LOCATION (City or Jown) (Courly) REMOVAL ISpecify REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REGISTRAR 2Sb



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester a. STATE Marvland b. COUNTY Dorchester Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Bay/Si/de//New/York 1 day 9 ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital **Unknown** RED NO A withIn pletely NAME DE First Middle Last DATE Month Year DECEASED HAROLD PORTER E. 19 66 July 16 DEATH (Type or print) executed 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and cor DATE OF BIRTH 9. NEVER MARRIED lant-pirthday) Months Male White June 24, 1882 Days Hours WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machine Shop Bperator 9 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Machinist death certificate be Brooklyn, New York attending phy prmit. Then; p n, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Porter Harriett Baldwin 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITYNO. transit permit. (Yes, no, or unknown) (If yes give war or dates of service) Unknown. Mrs. Austin Steele, RFD 3, Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ttending physician. 16 000 n signed | burial-tra burial, cr DUF TO Conditions, If any, which (b) gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO I 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc. After touid be Hour a.m. Not While at work at work 3 -6 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: 1944, and that death occurred at 152 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. STGNATURE page STAFF PHYS. MED. DIRECTOR M.D. PHYS. шау TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Baumann 603 Church Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Flushing, New York 22, 1966 Flushing Cemetery Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
	(1/1/1/1
· SOLNT!	
/b. CITY OR TOWN III outside corporate limits.	Challes (CA)
wijn RURAL and guy neorest twing	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospitely give street eddress, d. STREET ADDRESS	IS RESIDENCE ON A FARM?
comp. Itack	YES NO
NAME OF DECEASED (Type or print) Middle Last 4. DATE Month OF OF Type or print)	Day Year
- Corrolla - Alexander - Alexa	19-66 FUNDER PYEAR IF UNDER 24 HRS.
7, MARKIED NETER MARKIED	Months Days Hours Min.
USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHYLAGE (County & State, or topsign country)	12. CITIZEN OF WHAT COUNTRY
Lomeste Tione Lorcheston -	10 S A
FATHER'S MAIDEN NAME	
John Hanny - Mondeco Amora	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. NFORMANT Yask no, or unknown); (If yas give wer or dates of service)	
18. CAUSE OF DEATH Enter only one cause per line for (s), (b), end (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
f of c DUE TO	
Conditions, if eny, which (b) Arterioscleratic Cardiovascular Disease	
(a), stating the underlying DUETO	
Causa last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOBEN
C STATE OF THE PROPERTY OF THE	PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	1.23
COSE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. While Not While of work at work at work at work	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., atc.)	(County) (Stefe)
p.m 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from. January 19.66 to July 4,	
saw the deceased alive on	d on the date stated above
ATTENDING MED, STAFF	22b. DATE SIGNE
22c. PHYSICIAN 22d. ADDRESS	
NAME (T/60) J. Edwin Farsott, M.D. 777 Ti F	Ne. 2
DURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMSTERY OR CREMATORY 23d. LOCATION (City, town	or (Stete)
Clerical 1-169 Delper Com 12 com	b. 1910
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAN 256. REGISTAN 256. REG	STRAR'S SIGNATURE
DAIL OF TO 1000	The state

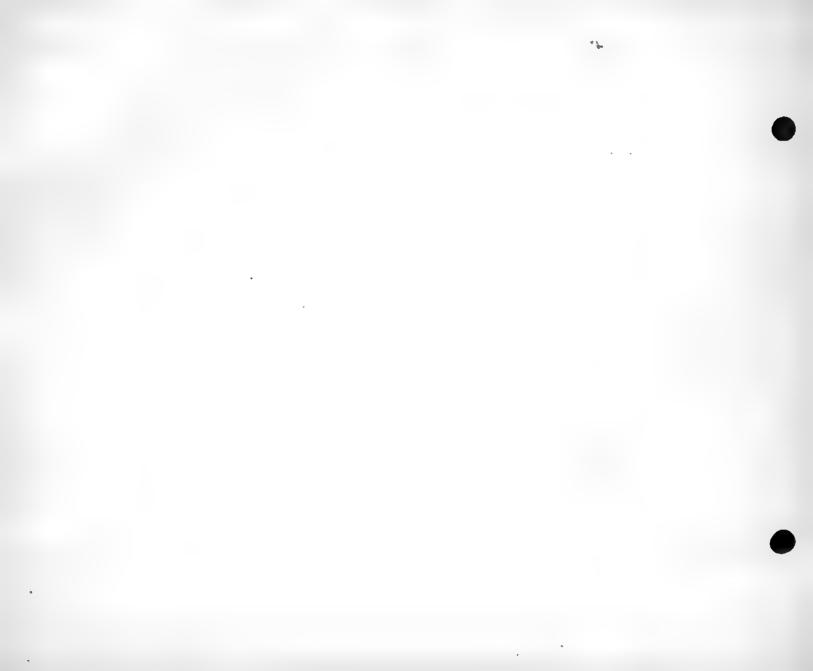


1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	CS877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11326
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed I ved, if institution Residence before odmission)
2, and 3 to 7 PM3. Page epartment of coffer deaths	d. COUNTY Derchester Maryland Maryland Dorchester
deloy is and 3 to A3. Page	b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)
de d	write RURA, ond give represt town)
Property office	Cambridge Life Cambridge d NAME OF HOSPITAL OR INSTITUTION (finat in hospital give street address) d STREET ADDRESS e IS RESIDENCE
THE SE	UN A FARM?
ges for for	Cambridge Maryland Hospital 411 Skinners Ct. VIS 10 NO 10
hours after deoth If any delay is tem 18. G ve Pages 1, 2, and 3 to Office along with form PM3. Page and 2 with the State Department of grent within 72 hours ofter death.	3 NAME OF First Middle Lost 4 DATE Month Day Year OF
g ve	(Type or print) Lenora Ross DEATH July 28 19 66
after Selection of the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 2 8 DATE OF BIRTH 9 AGE (In years IF_NDER 1 YEAR F_NDER 24 HRS lost birthdoy) Months Doys Hours Min.
18 18 18 18 18 18 18 18 18 18 18 18 18 1	Female Negro WIDOWED DIVORCED June 26, 1919 47 vis
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11 in 11	during most of working life, even if retired) Laborer Maryland UNDUSTRY UNDUSTRY INDUSTRY INDUSTRY
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	Major Ress Florence Travers
d will in pe Exar Exar . File	15 WAS DEFFEASED EVER N C APMED ENDESS 1/4 SOCIAL SECURITY NO 1/7 INCOMMENT Address
ficate should be executed ing the ward "pending" is deed to the Chief Medical os o buriol-tronsit permit.	(Yes, no, or unknown) (If yes give wor ar dates of service) 220-10-6676 Florence Travers Cambridge, Md.
wed Med Med mo	18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) NERVAL BETWEEN
e e e e e e e e e e e e e e e e e e e	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary osciusion 30 Mins
d bed by the contract of the c	DUE TO
wal wal the riol-	Conditions if any which name a
to to bu	rise ta immediate cause (a),
tote ed ed s o	stating the underlying cause (c)
certificate should be executer writing the ward "pending" arworded to the Chief Medical used os o buriol-tronsit permit.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART I(a) 19 WAS AUTOPSY
certiff, writ	PERFORMED?
This ofe,	YES NO X = 1200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lar Port II of stem 18.)
AMINER: This at the certif cate, at the certif cate, our files, ge 3 should be ogent, prior to	PRIMARY ar CONTRIBUTING
MECTAL EXAMINER: Jeose execute the cerri drector. Poge 4 should stained for your files. DIRECTOR: Poge 3 should	CAUSE OF DEATH.
MIN he he shall sh	20c. T ME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e P.ACE OF IN.URY (Hame, form, factory, street, off ce bidg, etc.) While Not While foctory, street, off ce bidg, etc.)
KAI te t you oge oge	p.m. otwork — dtwork —
MESTAL EXAMIN please execute the director. Page 4 sh etained for your fil DRECTOR: Page 3 st ts designated agents	21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [], and in my opinion
S e e e e e e e e e e e e e e e e e e e	death resulted from: Natural causes 🗶 , Accident 🗌 , Suicide 🗍 , Homicide 🗍 Undetermined manner
ose ose desi	CHIEF MEDICAL EXAMINER
<u>a </u>	SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
UTY, Pero Pero Or	DEPUTY MEDICAL EXAMINER & 8/1/66
TO DEPUTY MESTAL EXAM necessory, pieose execute the funeral director. Poge 4 5 moy be retained for your TO FUNERAL DIRECTOR: Poge Health or its designated oge	NAME (Type) John Mace, Jr. Address (Street, city, town, or county) Cambridge, Md.
O D D D D D D D D D D D D D D D D D D D	230. BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
F	Burial 8/2/66 Bethel Cambridge Der. Md.
0	24 FUNE AL DIRECTOR 250 REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A ISME (5)	- Tuluck C: Attack Campaides No 101 AUG 10 1966 Charles Judge

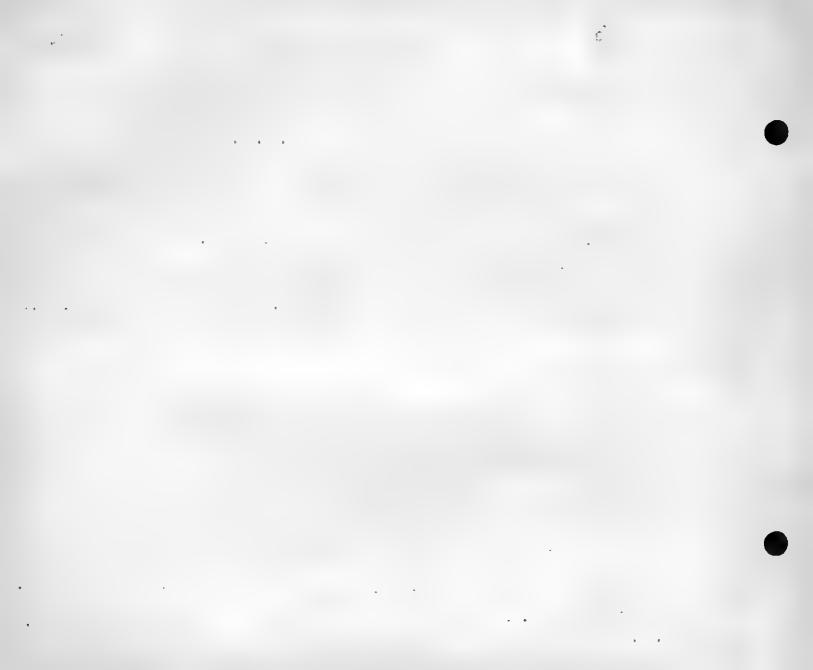
MARYLAND STATE DEPARTMENT OF HEALTH



16	MARYLAND STATE DEPA Division of STATISTICAL RESEARCH AND RECORDS, 301 V		
FOR STATE	09878 MEDICAL EXAMINER'S CE		572
after death. If any delay is 8. Give Pages 1, 2, and 3 to along with farm PM3. Page Hyper Hyper PM3. Page Hyper Hyper Hyper PM3. Page Hyper Hyper Hyper Page Hyper Hyper Hyper PM3. Page Hyper H	b CITY OR TOWN (If acts de corporate limits, write RURAL and give neorest town) Cambridge a COUNTY MARYLAND CENGTH OF STAY IN 1b Cambridge Life	usual residence (Where deceased lived, if institution Residence before o. STATE Maryland b. COUNTY Dorche CITY OR TOWN (If autside carparate limits, write RURA, and give nearest Cambridge	ster
th. If of ges 1, 3 form form form	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street oddress) D.O.A. Cambridge Md. Hospital 3 NAME OF First Middle	OUL School House Lane YE	IS RESIDENCE ON A FARM? ES NO X
er death	DECEASED (Type or print) Shaela Rowle	y OF July 16	19 66 IF UNDER 24 HRS
24 haurs after death. Il in them 18. Give Pages is Office along with far so office along with the State is lond 2 with the State in event within 72 hour	Female Negro WIDOWED D. VORCED Ma	y 26, 1966 ost birthday) Months 25	Hours Min.y
thin 24 haurs of the 18 miners office a pages lond 2 win any event v	during months ariting if e, even if retired) INDUSTRY None	Cambridge, Md. 12 (ITIZEN OF V	VHAT
	Robert Nelson IS WAS DECEASED EVER IN U.S. ARMED FORCES? If you or unknown). If the give wor or dotes of service.	Ernestine Rowley ORMANT Address estine Rowley Cambrid e, M	d
be character in the cha	IB CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Toxemia DUE TO (ond tons if ony, which gove rise to immediate cause (a), stoting the underlying couse (a),	INTER ONSE	va. BETWEEN T AND DEATH Cay day
ER: This certificate should certificate, writing the word auld be farwarded to the Ctes. es. should be used as a burial-transfamily to priar to burial, cremotion,	PART II OTHER S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE COND TION GIVEN IN PART I(o) 19 W P YES er noture of injury in Port I or Port II of item 1B.}	VAS AUTOPSY ERFORMED?
LER: certifi nauld les. les. shauld t, pria	20c TIME OF IN.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE O	OF INJURY (Harne, farm, street, affice bldg etc) 201 (City or town) (County)	(State)
MEDICAL please exe i director. P retained fo I DIRECTOR	21. I certify that I took charge of the remains described above, held a death resulted fram: Natural causes X, Accident , Suicide ACTUAL SIGNATURE EXAMINERS NAME (Type) John Mace Jr. M.D.	☐, Hamicide ☐, Undetermined manner ☐ CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ▼ 7/18/66	n my opinion
TO DEPUTY necessary, the funcion 5 may be TO FUNERA! Health or	230. BURIAL, (REMATION, BEFORE) 230. DATE THEREOF BEFORE CREMETERY OR CREMETERY OF	MATORY 23d LOCATION (City or Town) (County) netery Dorcheste	(Stote)
VP A 15ME FEI	Herbert St. Clair Cambridge. Md.	111 21 1966 "lares	predge

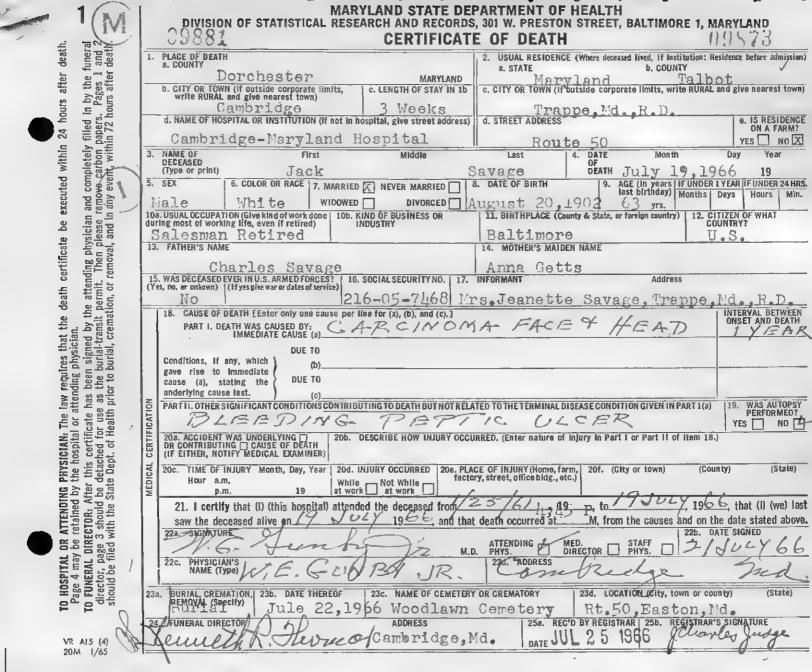


	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
	C9879 CERTIFICATE OF DEATH 1132	8
	1. PLACE OF DEATH o. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	fore admission)
	Dorchester Maryland Maryland Dorches	
ı	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENGTH OF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL end give nearest town) East New Market - Rural	learest town)
_		
		S RESIDENCE ON A FARM?
_	TES TES	ND K
ľ	DECEASED	Year
-	5. SEX 1.6 COLOR OR RACE IN MARGINET MARGINET S. DATE OF RIPTH 1.0 ACE /ID MARGINETINED I VEADURE	19 66
	Male Nesro Washington Days 1996 Months Days	lours Min.
-	1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN DF	WHAT
	during most of working life, even if retired) INDUSTRY Day Laborer Steel Mill Dorchester Co., Maryland USA	
***	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	John Sampson Mary Thompson	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
L	Yes WW I 215-07-3408 William E. Sampson, East New Market,	Md. RI
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	AL BETWEEN AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident	
ı	DUE TO	
	Conditions, If any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO underlying cause last.	
110		AS AUTOPSY
246	YES YES	ERFORMED?
416	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W P YES 20b. ACCIDENT WAS UNDERLYING TO CAUSE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CREATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W P YES 10. CONTRIBUTING TO CAUSE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CREATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. W P YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CREATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. W P YES	
	20c. TIME DF INJURY Month, Day, Yeer 2Dd. INJURY DCCURRED Hour a.m. While Not While at work at work at work	(State)
1		
		(I) (we) last
	saw the deceased alive on July 31, 1966, and that death occurred at M, from the causes and on the date s	
ı	THE TAX A A A STATE OF THE PARTY OF THE PART	_
l	M.D. PHYS. DIRECTOR PHYS. 7-31-60 22c. PHYSICIAN DIRECTOR 22d. ADDRESS NAME (Type)	<u> </u>
1	NAME (Type) J Edwin Fassett M.D. 727 Pine Street, Cambridge	Md.
1		(State)
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial Aug. 3, 1966 Thompsontown Cemetery Near East New Market 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	Md.
	24 FUNERAL DIRECTOR SEE PECISTRAPI S	
	from the water 1. Federalsburg, Maryland DATE AUG 11 1966 Planley	udge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate axecuted within 24 haurs after death. attending physician and withprover, papers. Pages 1 and 2 permit. Then please remave carban papers. Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE **b.** COUNTY o. COUNTY Derchester MARYLAND Maryland Derchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (f outside corporate imits write PURAL and give nearest town) East New Market Life e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Cambridge Maryland Hospital YES 🗌 NO T DATE Year 3 NAME OF Last Dov DECEASED 19 66 Marjorie July 26. Sampson DEATH (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS 9. AGE (In years 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Manths last birthdoy) Doys Haurs Female Negro WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if refired) INDUSTRY Dorchester Co., Md. TISA 13. FATHER'S NAME Edith E. Coleman Floyd Henry 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service) 213-14-6762 Bertha Dockins East New Market.Md crematian. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart Disease IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO burial, 1 Canditians, if any, which gave 3 rise to immediate cause (o). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been detached far use as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 🔽 Diabetes Mellitus 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g, ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) (City or town) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work at work p.m. 2). I certify that (1) (this hospital) attended the deceased from May 1, , 1 saw the deceased alive on July 26, 1966, and that death accurred at 1965 to July 20, 1966, that (I) (we) last Page 4 may be retained M, fram couses and on the date stoted obove. 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR **ATTENDING** 7-26-66 3 M.D. PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Edwin Fassett. M.D. Pine Cambridge. Md. 727 Street NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store) 23b DATE THEREOF 230 BURIAL CREMATION Burial (Specify) Chapel Thempsen Thompsontown 30/66 Dor 1866 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Md. Cambridge, DATE

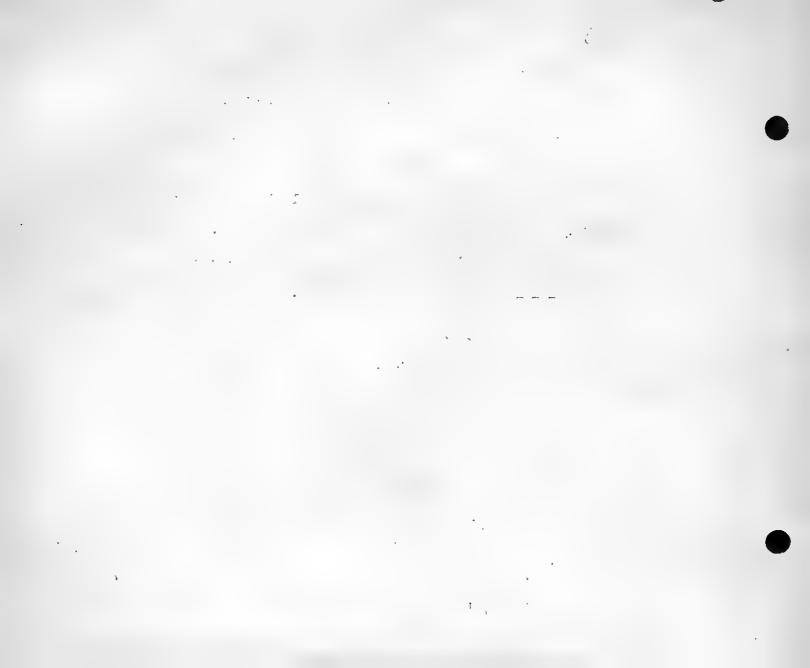






MARYLAND STATE DEPARTMENT OF HEALTH <u>DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND</u> CERTIFICATE OF DEATH the_funeral ges 1 and 2 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester b. COUNTY Dorchester Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 200 and in any event, within 72 hours 60 years Cambridge Cambridge Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 200 Willis Street NO Z completely i executed within NAME OF DECEASED 3. First Middle Last DATE Month Day Year SLACUM 19 66 BUELAH TURNER July 17 (Type or print) DEATH 6. COLOR DR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last pirthday) | Months | Days | Hours | Min. NEVER MARRIED Female White May 1, 1889 WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Them please requires that the death certificate be during most of working life, even if retired)
Housewife HOME HOME COUNTRY? Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Turner Henrietta Hurley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ö (Yes, no, or unkown) (If yes give war or dates of service) Unknown Earl R. Slacum, Baltimore, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by th burial-transit burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which has been sa the bu gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the details of the least of the OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) After Id b Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on Ju and that death occurred at. M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED page ATTENDING M.D. DIRECTOR PHYS. TO FUNERAL director, pa PHYSICIAN'S 22C. 22d. ADDRESS BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland 166 Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR #15 (4)

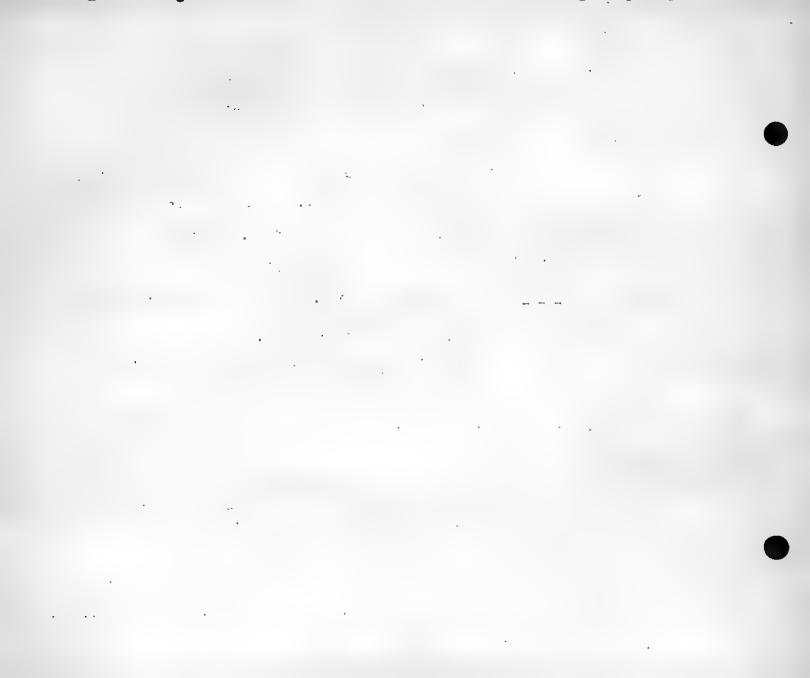
20M 1/65



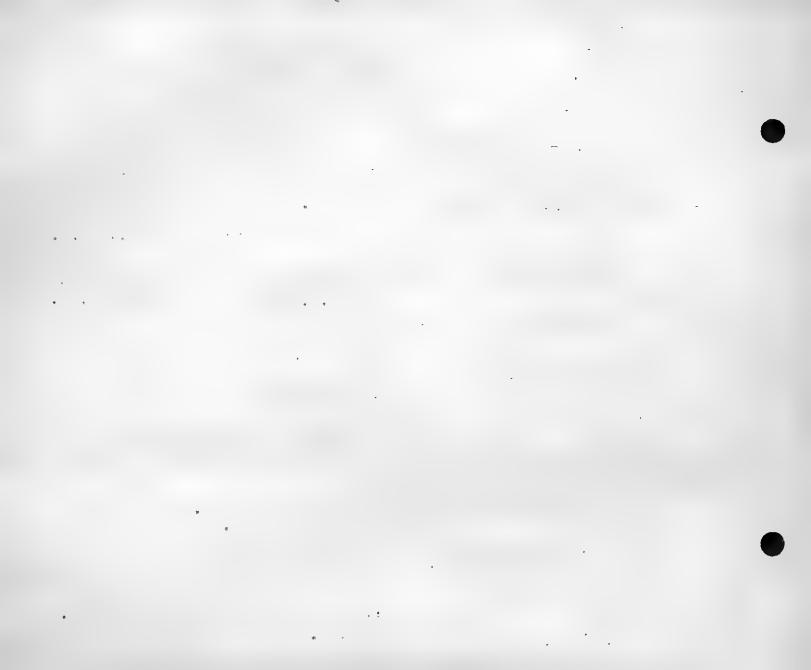
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after math PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Dorchester a. STATE Maryland etely filled in by the furbon papers. Pages 1 a within 72 hours after d Dorchester MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Years Cambridge d. NAME OF HOSPITAL ON METITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Mill Street YES T ND X completely i executed within 3. NAME DE First Middle Last DATE Month Dav Year DECEASED DF any event, (Type or print) DEATH July 19 Rosa Jane Langford AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED last birthday) White Female Dec. 25, 1869 96 WIDOWED T DIVORCED [attending physician a ermit. Then phease re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN DE WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. Dorchester County Homemaker II.S 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Langford Margaret Blades 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) signed by the attend burial-transit permit. burial, cremation, or n 16. SOCIAL SECURITYNO. 17. INFORMANT 317 Fill Street No Baird, Cambridge, Md. Mrs.Allan None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Myocardial Infarction I Hour 0 Arterio sclerotic C.V.R. Disease Par. Conditions, if any, which gave rise to immediate 함 DUE TO cause (a), stating the as th underlying cause last. WAS AUTDPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hithed for use of Health p YES T ND X Bronchitis, acute 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After thill be detaile State De factory, street, office bldg., etc.) Hour a.m. Not While at work at work OIRECTOR: A age 3 should iled with the S 7-5-66 19 66 to 7-6 . 19 66 . that (i) (west last 21. I certify that (I) (this choosing) attended the deceased from. 19/66, and that death occurred a . 10 Mafrom the causes and on the date stated above. saw the deceased alive Dr. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X page DIRECTOR TO HOSPITAL C Page 4 may 1 22d. ADDRESS FUNERAL PHYSICIAN'S director, I NAME (Type) Eldridge H. Wolff Locust Street, Cambridge, Maryland 23d, LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) **Burial** New Market Md FUNERAL DIRECTOR Cambridge . Md. VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY Dorchester b. COUNTY Maryland Dorchester 24 hours after and completely filled in by the fremove carbon papers. Pages 1 in any event, within 72 hours after MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Madison 2 weeks Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital ND X be executed within 3. NAME OF First 4. DATE Month Middle Last DECEASED FLOYD SMITH 19 66 July 13 (Type or print) DEATH 6. COLOR DR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Male White 1892 Nov. 25. Days WIDOWED [DIVORCED [77] attending physician a ermit. Then please re on, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRYS Talbot Co., Maryland Lumber certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah Smith Annie Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address been signed by the atten the burial transit permit. or to burial, cremation, or i (Yes, no, or unkown) [(If yes give war or dates of service) Unknown Mrs. Floyd Smith, Madison, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Massive Lobar Pneumonia day IMMEDIATE CAUSE (a) DUE TO Arterio sclerotic cardio vascular renal disease Conditions, If any, which 1 Mo. + gave rise to Immediate with uremia has been e as the t prior to b DUE TO cause (a), stating the underlying cause fast. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY certificate harbed for use PERFORMED? YES T ND T Arterio sclerosis generalized and cerebral ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this Id be deta 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) 2Df. (City or town) (County) (State) Hour a.m. Not While at work While at work 6-25-19 66 to 1966 that (I) We Flast 7--13 21. I certify that (I) (this xbuspitalizationded the deceased from DIRECTOR: age 3 should iled with the 19 66 and that death occurred at 1:30%, from the causes and on the date stated above. 7-12saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 7-14-66 O HOSPITAL Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. TO FUNERAL director, p NAME (Type Eldridge H. Wolff Locust &Street, Cambridge, Maryland M. 615 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREDF (State) Joppa Churchyard Madison, Dor. Co., Md. 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE ADDRESS FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 09885 CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE by the f Pages 1 urs after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) Cambridge d. STREET ADDRESS carbon papers. e. IS RESIDENCE filled ON A FARM? Cambridge-Maryland Hospital YES ND ND X Willia Street executed within completely Middle Lest 4. DATE Dav Year DECEASED in and complet remove carb in any event, v (Type or print) Tina DEATH July 5 -1.966 19 Hayton Stewart AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WIDOWED 3 DIVORCED [Feb. 16. 1887 Female Whi te 12, CITIZEN OF WHAT COUNTRY? physician and ph 1Da, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY Elliott.Dorchester Col Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phy ermit. Then p n, or removal James Dayton
15. WAS DECEASED EVER INU.S. ARMED FORCES: Arletta Jarrett 16. SOCIAL SECURITY NO. 17. INFORMANT Street beem signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. N. Hargis Price, Cambridge, Md. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia left lund 14 days attending physician. Early gangrene left foot 1 week Conditions, If any, which gave rise to immediate as the to prior to 1 cause (a), stating the 5 days Post. Oper. Amput. Left leg underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION 19. for use Health PERFORMED? certificate the hospital or Arterio sclerotic C.V.R.D. Popliteal Embolus NO F YES] 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBER HURKINGHER AUGUSTE TO A MORK OF THE PROPERTY OF detached for the Dept. of I MEDICAL (County) (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 2Df. (City or town) at work Not While factory, street, office bldg., etc.) Hour a.m. After ATTENDING at work p.m. should ith the S retained 21. I certify that (I) (this has nited) attended the deceased from 6 - 21 - 667-5-19_66 that (I) 1(ve)x/ast DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the deceased alive pn_ 19 86 and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE 8 B MED. DIRECTOR ATTENDING K page 7-6-66 M.D. TO HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL director, pa Eldridge Wolff, H. Locust Street, Cambridge, Maryland 615 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 2 Dorchester Memorial Perk Costrar Sicharure FUNERAL DIRECTOR Cambridge.Md. VR AI5 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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4 24	63000	CERTITICATE					
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requires that the death certificate be executed within 24 haurs after death. g physician. signed by the attending physician and campietely filled in by the funeral e burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, crematian, at remaval, and in any event, within 72 haurs after death.	Ensteen Shores	State Hospital	R+#2.010	DElMAR Rd.	YES NO		
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and and	10n US. AL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, a	r fareign country) 12 CIT ZEN	OF WHAT		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached for use as the burial-transit permit the please rem shauld be filed with the State Dept. of Health prior ta burial, crematian, at remayal, and in an	during most of working life, even if retired)	INDUSTRY	JENNESSE	COUNTR	5.A.		
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renti nav	Robert Les	Tomlin	(A-ROlII	UE MaGEE			
# 100	TS. WAS DECEASED EVER IN U.S. ARMED FORCES?		FOR MANT	Address	Λ		
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he ale ale ale titar	1B. CAUSE OF DEATH (Enter any one cause pe				NTERVAL BETWEEN		
msit in the	PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	Lange pulu	ouarly a	in cen	ONSET AND DEATH		
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uire nysie gnec rrial	Canditions, if any, which gave) (b)	willy con	gertul /	201 /2 / Cey 2.			
o but a but	rise to immediate cause (a), Stating the underlying cause		V				
law nding beer s the ior to	last (c)						
The lo often often has the se as th price	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?		
F S S S S S S S S S S S S S S S S S S S	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTICE MEDICAL EXAMINED				YES NO		
fical for He	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (8	Enter nature of injury in Port I or	Part II of item 18.)	7 1		
PHYSICIAN he haspiral this certifica etached far Dept. of He	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
PHY Phy be ho tack tack	20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Home, form, 20 Iry, street, affice bldg., etc.)	f. (City ar town) (Caunty)	(State)		
1	p.m. 19	While Nat While I facta	illy, sireer, diffice chag., etc.)	10			
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TEN in ed in ed the	saw the deceased alive on	19 66, and that	death occurred at Sh	M, from causes and on the d			
A SP SE SE	220. SIGNATURE	74	ATTENDING - MED.	STAFE 226. DATE SI	GNED		
OR De Consein Se Conse	James Ton	M.D	11112	R PHYS. D	0/66		
FAL Day	PHYSICIAN'S NAME (Type) - Tagge C	= G. HL MD	22d ADDRESS	8/0-1540	blus &		
SPII 4 m IERV d b	LATTICO 1	JVIII TO	unen	Open Office	THE TOOL		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, crea	230 BURIAL, CREMATION, 23b DATE THEREO		77 /	LOCATION (City-or Town) (COLL	(State)		
5g 5.a	130Ri~) 1/13/0		11000 S 1	SETTAD OCCUPANTS SIGNA	ne /		
VR A15 (4)	24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REG	istrar 286. registrars signa 4 1956	Judge		
VR A15 (4) 20 M 1/66	wared of mely	De weeden	DATE JUL]	4 1000	1		



FOR STATE HEALTH DEPT. your files. you files you files

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Rea Dist. No.

09887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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,		PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O. COUNTY
	b	CITY OR TOWN (If outside corporate limits, write ELRAL ond give nearest found) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest found)
	P	S. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	3 1	NAME OF First P. And Middle Cost 4. DATE Month Prov. Year
		DECEASED DOY Year OF DEATH 7- 10 1966.
	5. 5	leat brindoy) Months Days Hours Min.
	10a.	DIVORCED
	d	hi ATERMAN-Crown Cork & Seal Waryland U.S.A
	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
		OPKNOWIN UNICKOWN
	jYss.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT I. No. or unknown) Player give wer or dores of service) RECORDS CAMBRIDGE 405P
	4	A VALUE OF THE PROPERTY OF THE
		PART I, DEATH WAS CAUSED BY:
		8234 Due to
		Conditions, if any, which) B. FRACTURE R. FEMOR 42 Days
		gove rise to immediate couse (a), stating the underlying DUE TO
	П	cause lost. (c)
	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
*		20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.)
	1 CERTIFI	CAR RAW OFF ROAD + STRUCK TREE
	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour o, m. 20f. (City or town) (County)
,]	ME	FAM. 34 1966 of work of work & HIGHWAY PRICAMBRIDGE 1910
		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my
		opinion death/asulted from: Notural causes . Accident Suicide . Homicide . Undetermined manner
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
		EXAMINER'S JOHN MACE IR DEPUTY MEDICAL EXAMINER TO 7/10/66
	220	BURIAL CREMATON, 22b DATE THEREOF Z2c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
1	-	Burial 7/14/66 Bohemian National Cem Baltimore, Md.
)		Schimunek Funeral Home, Inc. 111 19 1000 Wester Outse
1		2601 E. Madison St. DATE JUL 12 1000

TO DEPUTY MED execute the cc. 4 should be 7/2/2 WE TO FUNERAL D



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Dorchester 호구 분 기 분 Dorchester MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) 80 years Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. Pagin 72 hours d STREET ADDRESS e. IS RESIDENCE 109 Mill Street 109 Mill Street ON A FARM? completely YES NO X 3. NAME OF 4. DATE Month Middle DECEASED MARGARET OF carbon part, within SMALL WADDELI July 27 (Type or print) DEATH 66 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX 9. AGE (In years | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS and lest birthday) Female. White Jan. 28, 1875 Months event, WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Home Baltimore Co., Maryland USA Then please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Charles Wells Small and Mary Johnstone Alsop removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. J. Elliott Waddell, Cambridge, Maryland Unknown permit. the hospital or attending physician. signed by 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ö la accedent ONSET AND DEATH PART I. DEATH WAS CAUSED BYcremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** DIRECTOR: After this certificate has been should be detached for use as the burial-tr Conditions, if any, which gave rise to immediate cause the bur burial DUE TO (a), stating the underlying cause last. 2 S PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1811 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO / 2Da ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (County) (State) 2Df. (City or town) ö factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital), attended the deceased from, ... 2. 7. 19.6.C., and that death occurred at F.M., from the causes and on the date stated above. saw the deceased alive on. 298. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PUNERAL HOSPITAL director, page be filed with the DIRECTOR M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL_(Specify) 29, 1966 Old Trinity Cemetery Church Creek, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland VR A1S (4) DATE 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



de trass	1 ====================================		MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS, CS83 CERTIFICATE	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	after death. the funeral ges 1- and 2 after death.	1.		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchoster
	hours after death d in by the funeral rs. Pages 1- and 2 z hours after death	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge 2 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
	24 fille pape in 7;		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Cambridge-Maryland Hospital	d. STREET ADDRESS 714 Peachblossom Ave ves No. 18 RESIDENCE ON A FARM? 714 Peachblossom Ave ves No. 18
	uted within 24 hours completely filled in by vve carbon papers. Pag event, within 72 hours			Warst July 4,1966 19
	executed and con remove R any eve		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Female White WIDOWED DIVORCED F	eb.21,1892 last birthday) Months Days Hours Min.
	ysician a ysician a yease re and iff	0	Da. USUAL OCCUPATION (Give kind of work done in 10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Md. U.S.
	ertifica ding ph Then p		William E. Hooper	14. MOTHER'S MAIDEN NAME Harriett Virginia Rumney
	leath c s attend ermit. on, or r	CY	Yes, no, or unkown) (f yes give war or dates of service)	714. Peterblossom Ave., des H. Warst, Cambridge, Md.
	The law requires that the death certificate be executed within or attending physician. sate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon is eaith prior to burial, cremation, or removal, and the any event, with		Conditions, if any, which gave rise to immediate cause (a), stating the	ann on a blu for Interval Between ONSET AND DEATH
		CERTIFICATION		PED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO RED. (Enter nature of Injury in Part I or Part II of Item 18.)
	ter this be detacted the betacted the betact	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factors p.m. 19 While at work at work	E OF INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (County) (State)
•	OR ATTENI be retaine DIRECTOR: ge 3 should led with the		21. I certify that (I) (this hospital) attended the deceased from	death occurred bt. 20 Mofrom the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DATE SIGNED ATTENDING PHYS. 7 - 5 - 66 22d. ADDRESS
	TO HOSPITAL Page 4 may TO FUNERAL director, pa	23	Burial July 7,1966 Dorchester	Memorial Park Cambridge, Md.
	VR A15 (4)	X	funeral director deouco Cambridge, M.	d. DATE JUL 7 1966 Marley Judge

. . .



11.	PLACE OF DEATH	orchester			11	2. USUAL RESIDE	NCE (Where	deceased lived, If		idence befor	a dmission
				MARY		Ma	ryland		Doro	cheste	
	write RURAL end	if outside corporate ling give nearest town)		c. LENGTH OF STA			dge, Mo	orporate limits, writ	e RURAL end g	iva neerest t	lown)
_	dambride	TAL OR INSTITUTION	fit est le bas	Life	1000	d. STREET ADDRE		-		09	RESIDENCE
		Maryland			935)		asgow &	5t.			N A FARM?
3.	NAME OF DECEASED (Type or print)	Fir		Middle Collin	s Wh	eatley	4. DATI	E Mont	h (Dey Y	9 66
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIE	D 8.	DATE OF BIRTH	1	9. AGE (In yeers	IF UNDER 1 YE		DER 24 HRS.
	Female	White	WIDOWE		77	2/5/1885		last birthdey)	Months Da	ys Hours	Min.
10e	. USUAL OCCUPAT	ION (Give kind of wo trking life, even if reti	rk 10b. K	IND OF BUSINESS OF	INDUSTRY	II. BIRTHPLACE (Co	ounty & State,	or foreign country	12. CITIZE	N OF WHA	T COUNTRY
	Housewife			ousewife		Maryla			U.	S.A.	
13.	J.R.D.	'alline				14. MOTHER'S MAID		ıs Meredi	+h		
16							II IIIOme				
		ER IN U.S. ARMED FO		NO SOCIAL SECURITY N		s. Anna Co	llins,	Cambride			
		EATH [Enter only or								INTERVAL ONSET AN	
		H WAS CAUSED BY: IMMEDIATE CAUSE (Omp	lete rena	l shut	down				36 hr	
	5891	DUE TO								48 hr	
	Conditions, if any		Shoo	2k						40 111	. D .
	gave rise to immedi (e), stating the u couse lest.	ndarlying DUE To	Acut	te pancrea	titís					5 day	ys
Z						RELATED TO THE TER	MINAL DISEAS	SE CONDITION GI	VEN IN PART 1		
ATIC	Arterio	sclerotio	cardi	lo vascula	r rena	al disease		44		YES PER	RFORMED?
CERTIFICATION	20s ACCIDENT W		1 20h DE			. (Enter neture of injur	y in Parl I or P	arl II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Court of the country of the								(County	7)	(Stelle)	
X	p.m.	19	at wor			T11 1 2 2 0	1066	T11137	31 466	21.0	/ weak (
	21. certify	uar (i) MANA MOSI	man allen	ded the decease	a trom.,,,	July 29	1 · 208 · II	lo	and on the	data stat	(was la
	220. SIGNATURE	ed alive on	July 3	[190.0, a	nd mar d	earn occurred ar.	the without the same of the sa	OHI THE CAUSAS	and on the	data stat	22b. DATE
		Pol su	las &	talore	L. FM.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNE
	22c. PHYSICIAN'S	The co	101	7	1	22d. ADDRESS				Managa	2
	Eldridge	-	, M. D	. //		615 Locu	st Stre	et, Camb	ridge,	Maryl	and
23	BURIAL, CREMATI	ON, 236. DATE TH	EREOF	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LC	CATION (City, to	wn or county)		(State)
	Burial	8/2/1	966	Cambrid	ge Ce			ambridge,	Md.		
-	FUNERAL DIRECTOR			ADDRESS			REC'D BY REG		GISTRAR'S SIC		

STAN STANLE ----THE PART OF THE PA Tel \$191/-14, 14, 15 11 is a large man to the second of o counts commend as well as the commendation of the commendation o

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